

**Alabama State Department of Education (ALSDE)**

Evaluation, Accountability and Support

Federal Programs Sections

21st Century Community Learning Centers (21st CCLC)

**Form 1: FY 2025 Application Cover Page**

**Applicant Name/ Fiscal Agent:** \_\_\_\_\_

**School(s) to be served:** \_\_\_\_\_

**The 21st CCLC will serve students (check one):**

- **Year-long (Academic Year + Summer)**
- **Academic Year Only**
- **Summer Only**

Proposed # of Students Served \_\_\_\_\_ Proposed # of Program Hours \_\_\_\_\_

Base Funding Calculation:

\_\_\_\_\_ (# of students) x \_\_\_\_\_ (# of program hours) x \$6.00 = \$ \_\_\_\_\_  
(base funding requested)

Transportation Supplement:

Will transportation be provided?

Yes (add \$10,000)      No (add \$0)      + \$ \_\_\_\_\_  
(transportation supplement)

Will the 21st CCLC serve students that attend a school in an LEA/school district that is REAP (Rural Education Achievement Program) eligible?

Yes (add an additional \$10,000)      No (add \$0)      + \$ \_\_\_\_\_  
(rural supplement)

**Total Amount of Funds Requested:** = \$ \_\_\_\_\_

Priority Points Claimed:

- This application is a joint/co-applicant proposal (5 points): Yes No
- This 21st CCLC will serve schools in Improvement (CSI, TSI, ATSI) (5 Points): Yes No
- This 21st CCLC will target students at risk of academic failure, dropping out, criminal or delinquent behavior, etc. (5 points) Yes No
- This 21st CCLC will serve middle and high school students (5 points) Yes No
- This 21st CCLC will serve a county without a current 21st CCLC program (5 points): Yes No
- This 21st CCLC will commit to providing dedicated Literacy and/or STEM activities to students (5 points): Yes No

**Total Number of Priority Points Claimed** \_\_\_\_\_

For LEA Applicants Only: Cost Center Code \_\_\_\_\_

(For grants serving more than one school, enter the selected primary school served as the cost center.)

Designated Project Manager Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Designated Project Manager

\_\_\_\_\_  
Date

*I certify that I am authorized by the governing board of the above-named school system or other eligible entity to submit this application or amendment: that all assurances, certifications, and disclosures submitted with the application will be observed; that the program will be implemented as described; and that the governing board is responsible for complying with all state and federal requirements, including any audit exceptions.*

\_\_\_\_\_  
Signature of LEA Superintendent  
or Authorized Official

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Date

**FOR ALSDE USE ONLY:**

Base Score \_\_\_\_\_ **Approved** \_\_\_\_\_ **Grant Award \$** \_\_\_\_\_

Priority Points \_\_\_\_\_ **Rejected** \_\_\_\_\_

**Total Score** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Authorized ALSDE Official**

