

Nebraska 21<sup>st</sup> Century Community Learning Centers Grant Program  
 APPLICATION COVER PAGE FOR A FIRST-TIME GRANT

FOR OFFICE USE ONLY

<b>APPLICANT IDENTIFIER:</b> 7 - - 18	<b>POSTMARK DATE:</b>	<input type="checkbox"/> <b>HAND DELIVERED</b>
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**APPLICANT INFORMATION**

1(A). Name of applicant/organization: _____  1(B). Address of the lead agency representative to which grant correspondence is to be sent: Address _____ _____ _____	2. Lead agency representative _____ Title _____ Rep's. phone: _____ FAX: _____ Rep's. summer phone: _____ Rep's. e-mail: _____ Project director: _____ Title: _____ Director's phone: _____ FAX: _____ Director's summer phone: _____ Director's e-mail: _____
3. Fiscal Agent: _____	4. Federal tax identification number (FTIN) of fiscal agent:  47 - _____

**5. FUNDING REQUEST CALCULATION AND ATTENDANCE OBJECTIVE**

(A) Service Options	(B) Number of Students Served	(C) Daily Rate	(D) # of Days	(E) Funding Requested	(F) Min. # Days to be Considered Regular Attendee	(G) Minimum Annual Attendance Objectives for Students				
						(G1) Year 1	(G2) Year 2	(G3) Year 3	(G4) Year 4	(G5) Year 5
Afterschool (3-4 hours)		Max: \$5.00 Req: _____			30					
School not in session days (4+ hours)		Max: \$7.50 Req: _____								
Summer days (4+ hours)		Max: \$7.50 Req: _____								

**6. Funding Request**

Date received			
	(A) Budget Year	(B) Grant Funds Requested	(C) Part./Local Fiscal Support
	Year 1		
	Year 2		
	Year 3		
	Year 4		
	Year 5		
GRAND TOTAL			