##

## PARTNER ATTESTATION FORM

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name**(Name of fiscal agent) |       | **Contact Name** |       |
| **Agency Address** |       | **Agency Phone**  |       |
| **Agency Email** |       | **Agency Fax** |       |
| **Is the applying agency participating in a consortium?** [ ]  Yes [ ]  No |
| **Brief Description of Commitment**(Expanded description should be given in narrative form in the Partnerships section of Program Narrative). |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Partner Name** |       | **Partner Contact Name** |       |
| **Partner Address** |       | **Partner Phone**  |       |
| **Partner Email** |       | **Partner Fax** |       |
| **Is the partner participating in a consortium?** [ ]  Yes [ ]  No |

**Applicant Status** (Please check one)

**[ ]** Local Education Agency [ ] Community-Based Organization [ ] Faith-Based Organization

[ ] Independent Private School **[ ]** Non-Profit Organization [ ] For-Profit Organization

**[ ]** Institution of Higher Learning **[ ]** Indian Tribe or Tribal Organization

**Summary of Partner Services to Be Provided** (Please check all that apply)

**[ ]** Reading or Literacy [ ] Mathematics  [ ] Science

[ ] Arts and Music  **[ ]** Tutoring or Mentoring **[ ]** English Learner Services

[ ] Recreational [ ] Technology and Telecommunications **[ ]** Library Services

[ ] Adult Services [ ] Youth Development **[ ]** Drug and Violence Prevention

[ ] Character Education **[ ]** Disability Services **[ ]** Cultural Education

**[ ]** Nutritional Education **[ ]** Physical Fitness [ ] Counseling Services

[ ] College and Career Readiness [ ] Other

**Is this a paid partnership?** [ ]  Yes [ ]  No **Estimated value of partnership:** $

**Please indicate which 21st CCLC schools/sites this partnership will support.**

**Please indicate the following time commitment this partnership will support.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Partner Commitment (Check all that apply)** | **After-School** | **Before-School** | **Summer** | **Weekend** | **Other (Specify)** |
| **# of schools/sites** |       |       |       |       |       |
| **# of hours per day** |       |       |       |       |       |
| **# of days per week** |       |       |       |       |       |

**Only authorized 21st CCLC program administrators are permitted to sign the Partner Attestation Form. By signing, the applicant and partner are committed to ensuring that the 21st CCLC program will be carried out in the manner set forth in the application and approved by OSSE, including in the event of leadership change at the individual schools/sites to be served.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Administrator** |       | **Title** |       | **Signature** |  | **Date** |       |
| **Partner Administrator** |       | **Title** |       | **Signature** |  | **Date** |       |