## 

## PARTNER ATTESTATION FORM

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name**  (Name of fiscal agent) |  | **Contact Name** |  |
| **Agency Address** |  | **Agency Phone** |  |
| **Agency Email** |  | **Agency Fax** |  |
| **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** |  |

**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** |  |