## ATTACHMENT F: DOCUMENTATION OF PRIVATE SCHOOL CONSULTATION

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

**21st Century Community Learning Centers Program**

In accordance with the federal Elementary and Secondary Education Act requirements, as amended, the following private school representatives were contacted. They were offered a genuine opportunity to express their view regarding the above Request for Applications. This opportunity was provided before any decision, that affects the opportunities of the students, teachers and other educational personnel from these nonpublic schools, became final as part of this application.

*(*Note: Signature below of the applicant’s CSA/CEO/or equivalent officer certifies that the Participation of Students Enrolled in Private Schools Information Sheet was read and the private schools were offered an opportunity to participate in the development of the application. The applicant is responsible to maintain documentation of private school contact and consultation, which is subject to review by the State and the awarding federal agency.)

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| --- | --- | --- | --- |
| **Name of Consulted Private School** |       | **Private School Contact Person** |       |
| **Address** |  | **Phone**  |  |
| **Agency Email** |  | **Agency Fax** |  |
| **Date of Consultation** |  |
| **Brief Summary of Consultation** |  |
| **Outcome of Consultation** | [ ] Yes, we will participate [ ] No, we will not participate |

(Use additional sheets as necessary and please sign each sheet.)

**Signature of Director of Applicant Agency**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Signature |  | Date |  |

**Signature of Private School Representative**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Signature |  | Date |  |