**EXHIBIT 3:**

Nita M. Lowey 21st Century Community Learning Centers

Maryland State Department of Education Grant Application

1. **Applicant Information**

Identify the Lead Agency responsible for the submission of the application and implementation of the proposed grant program.

* 1. **Lead Agency:** Enter Text Here

This is a joint application (refer to Section 1.8.3.f. Competitive Priorities and page seven of this application to submit the additional applicant information).

* 1. **Check One:**

New Applicant2018-2021 Cohort RecipientPrior 21st CCLC Grantee

* 1. **Agency Address**

**Street:** Enter Text Here **City:** Enter Text Here

**State:** Enter Text Here **Zip Code:** Enter Text Here

* 1. **Employer/Taxpayer Identification Number:** Enter Text Here
  2. **Fiscal Agency (if different from the Lead Agency):** Enter Text Here
  3. **Organizational DUNS:** Enter Text Here
  4. **Type of Organization (choose one):**

Local School System

Community Based Organization or other not for-profit organization

Faith Based Organization

For Profit Organization

Charter School

1. **Applicant Point of Contact**

Provide the name and contact information for the individual responsible for communications regarding this application.

**Prefix:** Enter Text Here **First Name:** Enter Text Here **Last Name:** Enter Text Here

**Title:** Enter Text Here

**Telephone Number:** Enter Text Here **Email:** Enter Text Here

1. **Grant Program**

Provide the title of the grant program.

**Title of Project:** Enter Text Here

Identify the intended student population to be served.

1. **Target Population**
   1. **Number of Students and Grades Proposed to be Served:**

*School Year Program* and Indicate Number of Students Served: Enter Text Here

Indicate which of the following grade(s) you propose to serve in the *school year program* (check all that apply).

Pre-Kindergarten  Kindergarten  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5  Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12  N/A

*Summer Program* and Indicate Number of Students Served: Enter Text Here

Indicate which of the following grade(s) you propose to serve in the *summer program* (check all that apply).

Pre-Kindergarten  Kindergarten  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5  Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12  N/A

* 1. **Cost Per Seat/Slot**

The number of "seat/slots" a program has is equivalent to a program's average daily attendance. Slots may be filled by the same youth every day or by a different youth each day. This is a program decision and must be enforced by attendance requirements.

Provide the calculation (with detailed explanation) and total cost per seat/slot.

*Example:*

*Total Award Amount/Number of Operating Days = Cost per Day;*

*Cost Per Day/Total Number of Seats= Cost Per Seat*

Enter Text Here

*School Year Program:* Enter Text Here

*Summer Program:* Enter Text Here

Complete [The Wallace Foundation Out-of-School Time Cost Calculator](https://www.wallacefoundation.org/cost-of-quality/pages/default.aspx)\* and provide the “low and high cost per slot calculation” below:

*School Year Program:* Low*-* Enter Text HereHigh*-* Enter Text Here

*Summer Program:* Low*-* Enter Text HereHigh*-* Enter Text Here

\*Provide a copy of The Wallace Foundation Out-of-School Time Cost Calculator output form as an appendix to the application.

1. **Operations**

Provide the operational details of the proposed grant program.

1. **Core Subject Focus Area(s):** Indicate all that apply.

English/Language ArtsMathematics Science Social Studies Other (Specify):Enter Text Here

1. **Days and Hours**
   1. **Identify the total number of days the program will be in operation:** Enter Text Here
   2. **Identify the operating hours of the program:**

**School Year**

After SchoolBefore School Weekend

* + 1. **Days of Operation**

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

* + 1. **Hours of Operation** (please indicate a.m. or p.m.)

Start Time(s): Enter Text Here End Time(s): Enter Text Here

**Summer**

Weekday Weekend

* + 1. **Days of Operation**

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

* + 1. **Hours of Operation** (please indicate using a.m. or p.m.)

Start Time(s): Enter Text Here End Time(s): Enter Text Here

1. **Operating Site**

Provide the locations the program will operate and indicate if the location is a LEA or community site (CS).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Site/School Name | LEA or CS | Address | City | Zip Code |
| Enter Text Here | LEA CS | Enter Text Here | Enter Text Here | Enter Text Here |
| Enter Text Here | LEA  CS | Enter Text Here | Enter Text Here | Enter Text Here |
| Enter Text Here | LEA  CS | Enter Text Here | Enter Text Here | Enter Text Here |
| Enter Text Here | LEA  CS | Enter Text Here | Enter Text Here | Enter Text Here |
| Enter Text Here | LEA  CS | Enter Text Here | Enter Text Here | Enter Text Here |

1. **Applicant Priorities**

Provide the details to fulfill the Federal, State and Competitive priorities.

1. **Federal Absolute Priority**
   * 1. **Eligible Schools**

Schools eligible for services provided by this grant are:

a. [Comprehensive Support and Improvement Schools](http://marylandpublicschools.org/about/Documents/DSFSS/TitleIVPartA/CSIList2019.pdf) (lowest 5 percent of the Title I schools; high schools with graduation rates less than 67 percent; and School Improvement Grant (SIG) IV schools and/or;

b. [Title I Schools](http://marylandpublicschools.org/about/Documents/DSFSS/TitleI/titleIschools/TitleISchoolsSY2021.pdf) that serve a high percentage (at least 40 percent) of students from low-income families and/or;

c. Other schools determined by the local educational agency to be in need of intervention and support.

List the schools eligible for this absolute priority that will be served by the proposed program:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Local School System** | **School Name** | **School ID Number** | **Address** | **City** | **Zip Code** | **% of FARMS** |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |

* + 1. **Partnerships**

All applicants must include partnership of eligible entities consisting of a local education agency(s) and community-based organization(s) or other public or private entity(ies).

List the project partners that meet this absolute priority:

Enter Text Here

* + 1. **Annual Financial and Compliance Audit**

Entities expending federal funds of $750,000 or more in a single fiscal year, must have an annual financial and compliance audit in accordance with 2 CFR Subpart F 200.500 et. seq.

I, the applicant, acknowledge that the represented entity expends federal funds of $750,000 or more in a single fiscal year and understand that an annual financial and compliance audit must be submitted in accordance with 2 CFR Subpart F 200.500 et. Seq.

I, the applicant, acknowledge that the represented entity does not expend federal funds of $750,000 or more in a single fiscal year.

1. **State Absolute Priority**
   * 1. **Character Education**

Briefly describe how the proposed project will integrate character education (no more than 100words).

Enter Text Here

* + 1. **Service Learning**

Briefly describe how the proposed project will integrate service learning in alignment with [The Maryland State Department of Education Seven Best Practices](http://marylandpublicschools.org/programs/Pages/Service-Learning/7BestPractices.aspx) (no more than 100 words).

Enter Text Here

1. **Competitive Priority**

Additional points will be awarded to applications proposing to meet the following competitive priorities (refer to RFP Section for complete descriptions). Indicate which of the following the proposed grant program will address:

Competitive Priority # 1: College and Career Readiness

Competitive Priority # 2: STEM (Science, Technology, Engineering, Mathematics)

Competitive Priority # 3: Health and Wellness

Competitive Priority # 4: Visual and Performing Arts

Competitive Priority # 5: Rural Communities

Competitive Priority # 6: Jointly Submitted Application

1. **Funding**

Identify the total funds requested annually:

**Year 1:** Enter Text Here **Year 2:** Enter Text Here **Year 3:** Enter Text Here

1. **Project Statement**

Provide a 100 word or less statement that explains the purpose, need and proposed design of the project.

Enter Text Here

Enter Signature HereEnter Date

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Superintendent of Schools/Head of Grantee Agency Signature Date

1. **Joint Applicant Information**

Identify the joint Lead Agency responsible for the submission of the application and implementation of the proposed grant program.

* 1. **Lead Agency:** Enter Text Here
     1. This is a joint application (refer to Section 1.8.3.f. Competitive Priorities
  2. **Check One:**

New Applicant2018-2021 Cohort RecipientPrior 21st CCLC Grantee

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