

**Name of Grant Program:** Massachusetts 21<sup>st</sup> Century Community Learning Centers - Exemplary Programs Grant

**Fund Code:** 647-B-2

**FISACL YEAR 2010 EXEMPLARY PROGRAMS SUMMARY COVER SHEET**

<b>Applicant Agency:</b>					
<b>Program Coordinator:</b>					
<b>Address:</b>					
<b>Phone:</b>	(    )	<b>Fax:</b>	(    )	<b>Email:</b>	
<b>Name(s) of Partnering Agency(ies):</b>					
<b>Total Number of 21<sup>st</sup> CCLC sites funded in FY2005</b> (through the FY2005 competitive grant)				<b>Total Number of 21<sup>st</sup> CCLC sites for which you are now applying under Fund Code: 647-B-2:</b>	
<b>Names of 21<sup>st</sup> CCLC Sites:</b> (Location of sites included in this application)					
<b>Brief description of the program (50 words or less):</b>					
<b>Population(s) served (25 words or less - Include grade levels, sub groups, etc.):</b>					
<b>Hours of Operation:</b> Refer to the hours of operation section in the RFP's <i>Part III – Required Program Information</i> document (on page 2, Section E) for a description of the options. Select from the options below. If you are selecting different options for different sites, match the site to the option. ___Option One    ___Option Two    ___Option Three					

Total number of children/youth served by the sites in this 21 <sup>st</sup> CCLC application during:							
<b>FY2007:</b>		<b>FY2008:</b>		<b>Estimated FY2009:</b>		<b>Proposed FY2010:</b>	

Budget Details					
<b>Total 21<sup>st</sup> CCLC funds received through FY2005 competitive award:</b>	\$ _____	<b>% FY2005 Funds being applied for through this application in FY2010:</b>	_____ % <small>(May not exceed 75%)</small>	<b>Amount requested for FY2010 Fund Code: 647-B-2:</b>	\$ _____
<b>% FY2005 Funds that will be matched in FY 2010</b>	_____ %	<b>Amount/Value (\$) of FY2010 Match</b>	\$ _____	<b>Total proposed FY2010 21<sup>st</sup> CCLC program budget, including match:</b>	\$ _____