***Advancing Learning Beyond the 180-Day School Year Grant***

**Application Cover Form (Required, Signed)**

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| --- | --- |
| **Municipality:** |  |

***Primary Contact***

Please identify the person who will serve as the primary contact for this application.

|  |  |
| --- | --- |
| Name of Primary Contact for Application |  |
| Title of Primary Contact |  |
| Telephone # of Primary Contact |  |
| Email of Primary Contact |  |
| Will this person be responsible for **monthly** data reporting? | Yes  No |
| If no, provide name and email for who is responsible for monthly data reporting. |  |

***Municipal Fiscal Director***  
Please identify the municipal finance person who will be responsible for **monthly** grant reimbursement.

|  |  |
| --- | --- |
| Name of Municipal Finance Contact |  |
| Title of Municipal Finance Contact |  |
| Telephone # of Municipal Finance Contact |  |
| Email of Municipal Finance Contact |  |

***Budget Request***

Please indicate whether you are:

* applying for a Standard Grant ($40,000) only,
* if you are applying for an Expanded Grant (up to $400,000) and want to be considered for a Standard grant ($40,000) if your Expanded Grant is not funded,
* If you are only applying for an Expanded Grant (up to $400,000) only.

If applying for an Expanded Grant, please indicate the total budget amount requested for the Expanded Grant. Please note that applicants may be awarded one or the other but not both.

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| **Applying for…** | **Amount Requested** |
| Standard Grant only | $40,000 |
| Expanded Grant and Standard (if Expanded is not funded) | $ (Please indicate amount requested)  or $40,000 (if not awarded Expanded Grant) |
| Expanded Grant only | $ \_\_\_\_\_\_ (Please indicate amount requested) |

***LEA and CBO Partners***

If you are partnering on this grant with any Local Education Agencies (regular school districts and/or charter public schools) and/or with any Community Based Organizations, please list them here. Please also indicate whether or not they would receive funds from this grant (N=partnering, but not receiving grant funds; S=receiving funds if awarded a Standard Grant only; E=receiving funds if awarded an Expanded Grant only; B=receiving funds if awarded either a Standard or Expanded grant). This should also be reflected in the application budget.

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| **Name of LEA or CBO (expand table, as necessary)** | **Not funded (N)**  **Standard only (S)  Expanded only (E) Both (B)** |
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***Signatures***

Please note that this form must be signed by the City or Town Mayor, Town Administrator, or Town Manager – not their designees.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *To the best of my knowledge, all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate.* | | | | |
| **City or Town Mayor, Town Administrator, or Town Manager (Required)** | | | |  |
| Name (printed) |  |  |  |  |
| Signature |  | Date |  |  |
|  | | | |  |