## 21st Century Community Learning Centers

## Grant Application

## Private School Consultation Certification

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To the extent consistent with the number of eligible children in areas served by a local educational agency (LEA), educational service agency, consortium of those agencies, or another entity receiving financial assistance under this program, who are enrolled in private elementary schools and secondary schools in areas served by such agency, consortium, or entity, the agency, consortium, or entity shall, after timely and meaningful consultation with appropriate private school officials provide to those children and their teachers or other educational personnel, on an equitable basis, special educational services or other benefits that address their needs under the program.

The consultation with private schools must occur **before** the agency, consortium, or entity makes any decision that affects the opportunities of eligible private school children, teachers, and other educational personnel to participate in programs, and shall continue throughout the implementation and assessment of activities.

The consultation shall include a discussion of service delivery mechanisms that the agency, consortium, or entity could use to provide equitable services to eligible private school children, teachers, administrators, and other staff.

**Applicants must check one box as applicable and certify with an original “wet” signature using blue ink.**

[ ]  I certify that, the local educational agency (LEA), educational service agency, consortium of those agencies, or entity, consulted with appropriate private school officials during the design and development of the programs, on the following issues:

* + How the children's needs will be identified;
	+ What services will be offered;
	+ How, where, and by whom the services will be provided;
	+ How the services will be assessed and how the results of the assessment will be used to improve those services;

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## Private School Consultation Certification

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* + The size and scope of the equitable services to be provided to the eligible private school children, teachers, and other educational personnel and the amount of funds available for those services; and

| Private School Name | Authorizing Agent Signature | Signature Date | Yes, will participate | No, will not participate |
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—or—

[ ]  I certify that there are no private schools identified within the vicinity of the after school service area in which I am required to consult.

|  |  |
| --- | --- |
| Authorized Agent Name |  |
| Authorized Agent Title |  |
| Authorized Agent Signature |  |
| Signature Date |  |