Please submit the form to your **KDE Consultant**.

**Region 1 & 2:** Tammy Dowell **/ Regions 3 & 5:** Leslie Spears **/ Regions 4, 6, and 7:** Glenna Cummins

**(FOR KDE USE ONLY) kde consultant / Date of Approval:** Click or tap here to enter text. **/** Click or tap to enter a date.

**Date Submitted:** Click or tap to enter a date.

**Grant Cycle:** Click here to enter text.

**Grant Type:** Choose an item.

**Fiscal Agent:** Click here to enter text.

**Co-applicant:** Click here to enter text.

**School(s) Served:** Click here to enter text.

**Physical Address:** Click here to enter text.

**district:** Click here to enter text.

**Site Coordinator:** Click here to enter text.

**Program Director:** Click here to enter text.

School Start Date: Click or tap to enter a date.

Program Start Date: Click or tap to enter a date.

Please identify how the program will recruit students and families prior to the program start date? Click or tap here to enter text.

Please identify how the program co-applicant and grant partners will support student and family recruitment: Click or tap here to enter text.

21st CCLC program schedule must be submitted in an email with this form.

Sample program schedule attached [ ]  YES [ ]  NO

Additional Information: Click or tap here to enter text.