**Meeting the Needs of Students Afterschool through LEA & CBO Partnerships**

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

***Primary Partners***

Please identify the primary partners on this application. If a consortium of CBOs is applying, please only list the identified lead CBO here.

|  |  |
| --- | --- |
| **Required Primary Partner: Local Education Agency (LEA)** | |
| LEA Name |  |
| Primary Contact for Application |  |
| Telephone # of Primary Contact |  |
| Email of Primary Contact |  |

|  |  |
| --- | --- |
| **Required Primary Partner: Community-Based Organization (CBO)** | |
| CBO Name |  |
| Address |  |
| Primary Contact for Application |  |
| Telephone # of Primary Contact |  |
| Email of Primary Contact |  |

***Lead Applicant/Fiscal Agent***

Please indicate which partner will serve as the lead applicant and fiscal agent. Please check only one.

|  |
| --- |
| ☐ Local Education Agency |
| Community-Based Organization |

***Budget Request***

Please indicate the total budget amount requested for each fiscal year FY23 (July 1, 2022-June 30, 2023 and July 1, 2023-June 30, 2024) under this Request for Proposals. This amount must match the totals in the Budget Request form.

|  |  |
| --- | --- |
| FY23 Budget Request | $ |
| FY24 Budget Request | $ |
| **Total Budget Request** | **$** |

***Target School(s)***

Please identify the target school(s) to be served by the grant.

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| --- |
| **Target School(s)** |
|  |

***Signatures***

Please include signatures from the appropriate authorized representatives of each primary partner. Please note that this form must be signed by the individuals listed, not their designees.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *To the best of my knowledge, all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate.* | | | | |
| **Superintendent of Local Education Agency (Required)** | | | |  |
| Name (printed) |  |  |  |  |
| Signature |  | Date |  |  |
| **Executive Director or Chief Executive Officer of Community-Based Organization (Required)** | | | |  |
| Name (printed) |  |  |  |  |
| Signature |  | Date |  |  |