

APPENDIX B: Grant Application Cover Page

STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION

NITA M. LOWEY 21st CENTURY COMMUNITY LEARNING CENTER GRANT

Please indicate whether you are: **New Applicant** **Current Grantee (reapplying)**

Name of Eligible School	Host School Population	Grades to be Served	Number of Students Enrolled in School	Projected Youth Average Daily Attendance	Funds Requested

Please indicate if your grant will offer any of the below opportunities (check all that apply):

Career Exploratory Activities Work-Based Learning

Applicant (required): _____

Partner(s) (required): _____

Fiscal Agent: _____ **UEI#:** _____

Grant Contact Person:	_____
Address:	_____
Town, State & Zip Code:	_____
Telephone:	_____
Email Address:	_____

In submission of this proposal on behalf of the applicant agency, attests to the appropriateness and accuracy of the information contained therein, and certifies that this proposal will comply with all relevant requirements of the state and federal laws and regulations. In addition, funds obtained through this source will be used solely to support the purpose, goals and objectives as stated herein.

Superintendent's Signature: _____ **Date** _____

Name (typed): _____ **Email:** _____

Principal(s) Signature(s): _____ **Date** _____

Name (typed): _____ **Email:** _____

CBO/FBO Executive Director Signature(s): _____ **Date** _____

Name (typed): _____ **Email:** _____