

**Supplemental Form A**

**Notice of Intent to Apply**

**FY16 21st Century Community Learning Centers (CCLC) Grant**

Submit this form no later than 2:00 p.m. on October 24, 2014 to assist the Georgia Department of Education (GaDOE) in making the necessary preparations for the 21st Century Community Learning Centers (CCLC) Request for Proposal (RFP). This information is for planning purposes only for the GaDOE. Please only submit one Notice of Intent per fiscal agency. Submission of this form is not a prerequisite for submitting an application, nor does it obligate the organization to submit an application. Pleasesubmit this intent to apply form one of three different ways:

1. Internet: [www.GA21CCLC.org](http://www.GA21CCLC.org);
2. Email: 21stCCLC@doe.k12.ga.us;
3. Mail: **Georgia Department of Education**

**21st Century Community Learning Centers Program**

**205 Jesse Hill Jr. Drive, S.E.**

**Suite 1862 Twin Towers East**

 **Atlanta, Georgia 30334**

**Name of fiscal agent applying for the grant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fiscal agent head:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of fiscal agent head:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has this fiscal agent received 21st CCLC grant funds before**? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

**If yes, please provide the year of initial funding:**

**Number of applications your agency anticipates submitting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated/Projected funding requested** (*for first year*) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check the one category that best describes your official fiscal agency:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Local Educational Agency |  | Non- Local Educational Agency  |  | Institution of Higher Education |

**Contact person for proposal:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Telephone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_