



Name of Site: _____

PARTICIPANTS VERIFICATION FORM

Nita M. Lowey 21st Century Community Learning Centers (21st CCLC)
Community Partner Organizations
(must have at least one Community Partner)



Deadline for submission of completed forms:
**Scan and upload to ADE as part of the application in the
Grants Management System by 11:59 PM on March 7, 2022**

FORM A

EACH OF THE UNDERSIGNED CERTIFIES that the information contained in this application is complete and accurate, that the Administrating Agency/District, Students' School/Site, and Community Partner Organization(s), they represent have authorized them to enter into a consortium agreement for the purpose of providing Nita M. Lowey 21st Century Community Learning Centers (21st CCLC) program educational and related activities that will complement and enhance students' academic performance and achievement. Each undersigned agrees to comply with applicable state and federal statutes, rules, and regulations. The Administering Agency/District shall be the Lead Fiscal Agent and shall thereby incur and record all expenditures of funds available per applicable program provisions, rules, and regulations.

EACH SITE applying for a grant under the fiscal agency of the Administering Agency/District listed below must submit its own completed Form A.

Form A must contain the original signature, printed title, and other requested information for all participants listed below. If recommended for award, applicant can include additional Community Partner Organizations at any time for the duration of the grant. Only legible information will be acknowledged.

ADMINISTERING AGENCY/DISTRICT	
Administering Agency/District Name	
Agency/District Administrator	Printed Title
Signature of Agency/District Administrator	Date Signed <i>Mo./Day/Yr.</i>
STUDENTS' SCHOOL/SITE	
School Site Name /Organization	Site Address
Students' Site Administrator	Printed Title
Printed Telephone No.	Printed Email
Signature of School Site Administrator	Date Signed <i>Mo./Day/Yr.</i>
COMMUNITY PARTNER ORGANIZATION	
Organization Name	Organization Address
Administrator Name	Printed Title
Administrator Address	Printed Email
Signature of CPO Administrator	Date Signed <i>Mo./Day/Yr.</i>

