



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)**

A

**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 6, 2023****

FORM A

EACH OF THE UNDERSIGNED CERTIFIES that the information contained in this application is complete and accurate, that the Administering 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. Community partners can be updated for duration of grant if awarded. 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	Printed 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>

