Nebraska Department of Education

Data, Research, and Evaluation

301 Centennial Mall South

PO Box 94987

Lincoln, NE 68509-4987

**Application Cover Page -- Nebraska Two-Year Opportunity Grant**

NDE 04-067

Rev 05/16

Date Due: 04/01/20

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| --- | --- |
| Name of Applicant Organization:Applicant Mailing Address: | Authorized Representative:Name:Position:Email:Phone: |
| Name of Each Site/Grades Served: |
| Name of Fiscal Agent: | Federal Tax Identification Number: |
| ELO Grant Funds Requested:$ | Partner Contributions (1:1 Match Required):$ |

STATEMENT OF ASSURANCES

* + - The applicant has the legal authority to conduct all activities proposed to be funded under the grant.
		- Equal opportunities will be provided to persons without discrimination because of race, national origin, creed, age, marital status, sex or disability.
* The activities will be administered in accordance with all applicable statutes, regulations and program guidance.
* Funds under the program will not supplant federal, state, local, or non-federal funds.
* The activities proposed in this application take into consideration other educational agency and/or community programs in order to assure a coordinated approach and to avoid duplication of effort.
* Equitable services will be offered to non-public school students and their families, if those students are part of the qualifying target population.
* The activities will take place in a safe and easily accessible facility, with access to needed space and resources.
* Data and fiscal records will be provided to be in compliance with 21st CCLC reporting requirements.
* Total funding is contingent upon availability of grant funds.

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| To the best of my knowledge and belief, all information in this application is true and correct. This document and participation in this project have been approved by the board (or governing body) of the undersigned and indicates their commitment on behalf of the partnership to provide 1:1 matching funds for the proposal outlined in this document.  |
| a. Typed Name of Applicant Representative | b. Title | c. Telephone Number |
| d. Signature of Applicant Representative | e. Representing | f. Date Signed |

The following 21st CCLC individuals indicate their support for this proposal and commitment to its success: on the School District Signature Page--superintendent of public school district, 21st CCLC project director, principal of each 21st CCLC site benefiting from ELO proposal; on the Community-Based Organization Signature Page--each community-based organization to indicate their support for this proposal and commitment to its success.