

21st Century Community Learning Centers (21st CCLC)

Program Operations Summary Form

School Year (Enter date of School Year): - 20 _____ - 20 _____

Summer (Enter Date of Summer Programming): Start Date: _____ **- End Date:** - _____

21st CCLC Program Contact: _____

Submission Date: _____

Please complete the form to reflect your 21st CCLC program activities. A program amendment form must be completed and attached to this form if operations submitted on this form are different from those described in the approved RFA. Once all documents are completed, please scan and email to your assigned 21st CCLC program contact for approval.

Name & Address of each site	Days and times of program operation throughout week						Total number of students projected per site	Student Population to be served	# of weeks
									Hours per week
	Mon	Tues	Wed	Thur	Fri	Sat		Elem Middle High	
	Mon	Tues	Wed	Thur	Fri	Sat		Elem Middle High	
	Mon	Tues	Wed	Thur	Fri	Sat		Elem Middle High	
	Mon	Tues	Wed	Thur	Fri	Sat		Elem Middle High	

Total Number of students to be served: _____