

# **21<sup>st</sup> CCLC Virtual Statewide Orientation & Technical Assistance Meeting**

## **Cohort 15 Breakout Session**

*Related Documents and Budget Submissions*

# Cohort 15 Related Documents Updates and Budget Submission:

- Budget Section
- Related Documents Section
- Tips for Speedy Approval

# 21<sup>st</sup> CCLC Application Updates and Budget Submission

Dr. LaTricia Townsend, Division Director

Tara Powe, Fiscal Monitor

Jennifer Smith, Program Administrator

Dr. Darren Hamilton, Program Administrator


Ashton Moss, Fiscal Analyst

*Federal Programs & Monitoring Support*

# Updating Related Documents Section

- In order to make any updates, click on Revision Started and Confirm the status change

**Sections**

 FY 2022 Century C

**Application Status:** NCDPI 21st CCLC Division Administrator Approved

**Change Status To:** Revision Started

<input type="checkbox"/>	Allotments
	<a href="#">Allotments</a>
<input type="checkbox"/>	21st Century Community Learning Centers - New
	<u>Budget</u>
	<a href="#">Grant Details</a>
	<a href="#">Plan Relationships</a>
	<u>Related Documents</u>
<input type="checkbox"/>	Contacts
	<a href="#">Contacts</a>
<input type="checkbox"/>	Substantially Approved Dates
	<a href="#">Substantially Approved Dates</a>
<input type="checkbox"/>	Assurances
	<a href="#">Assurances</a>
<input type="checkbox"/>	New Applicant Summary
	<a href="#">New Applicant Summary</a>
	All

# Budget Section

- Organizations must self-insert these Budget figures totaling the exact grant award amount not including carryover (if a prior Cohort 12/13)

Go To ▶

[Download Budget Data]					
Object Code Purpose Code	Salaries 100	Employer Provided Benefits 200	Purchased Services 300	Supplies and Materials 400	Total
5000 - Instructional Services	182,980.00	18,005.23	60,000.00	16,700.00	277,685.23
6000 - System-Wide Support Services	0.00	0.00	0.00	0.00	0.00
7000 - Ancillary Services	0.00	0.00	0.00	0.00	0.00
8000 - Non-Programmed Charges	0.00	0.00	0.00	0.00	0.00
Total	182,980.00	18,005.23	60,000.00	16,700.00	277,685.23
Adjusted Allocation					277,685.23
Remaining					0.00

# Required Documents Section

Jennifer Smith, Program Administrator  
Federal Programs & Monitoring Support

# 21st CCLC Related Documents

Required Documents		
Type	Document Template	Document/Link
21st CCLC Basic Organization Information [Upload between 1 and 2 document(s)]	<a href="#">21st CCLC Basic Program Information</a>	<a href="#">B57 21st CCLC Basic Program Information Cohort 15</a>
21st CCLC Organizational Chart - TEMPLATE NOT PROVIDED [Upload 1 document(s)]	N/A	<a href="#">B57 Organization Chart</a>
Statement of Assurances [Upload between 1 and 2 document(s)]	<a href="#">21st CCLC Statement of Assurances</a>	<a href="#">B57 Assurances for 21st CCLC Cohort 15</a>
Debarment Certification [Upload between 1 and 2 document(s)]	<a href="#">Debarment Certification</a>	<a href="#">B57 NC Debarment Certification</a>
Criminal Background Check Certification [Upload between 1 and 2 document(s)]	<a href="#">21st CCLC Criminal Background Check Certification</a>	<a href="#">B57 Criminal Background Check Certification Cohort 15</a>
Organization's Written Fiscal Procedures - TEMPLATE NOT PROVIDED [Upload 1 document(s)]	N/A	<a href="#">B57 Dream Center of Randolph County Fiscal Policies and Procedures</a>
Financial Audit/Status Statement (or explanation of current status) - TEMPLATE NOT PROVIDED [Upload 1 document(s)]	N/A	<a href="#">Dream Center B57 Financial Audit Statement</a>
Private Schools Consultation [Upload at least 1 document(s)]	<a href="#">21st CCLC Private Schools Notification</a>	<a href="#">AHA 2021 Private School Notification</a> <a href="#">Fayetteville Street Christian 2021 Private School Notification</a> <a href="#">Level Cross Private School Notification 2021</a>
Total Cost Worksheet [Upload 1 document(s)]	<a href="#">Total Cost Form</a>	<a href="#">B57 Total Cost Form Cohort 15</a>
Wallace Foundation Cost Calculator Outputs - TEMPLATE NOT PROVIDED [Upload between 1 and 2 document(s)]	N/A	<a href="#">B57 Wallace-Foundation-Cost-Calculator-Results School &amp; Summer</a>
21st CCLC Proposed Feeder School(s) with School Poverty & Performance Status [Upload 1 document(s)]	<a href="#">Proposed Feeder School Low Performing Status</a>	<a href="#">B57 21st CCLC Proposed Feeder School with School Poverty &amp; Performance Status</a>
21st CCLC Data Integrity and Confidentiality Certification [Upload between 1 and 2 document(s)]	<a href="#">21st CCLC Data Integrity and Confidentiality Certification</a>	<a href="#">B57 21st CCLC Data Integrity and Confidentiality Certification</a>
System for Award Management (SAM) Active Registration Confirmation - TEMPLATE NOT PROVIDED [Upload 1 document(s)]	N/A	<a href="#">B57 SAM.Gov Confirmation Notice</a>
21st CCLC Budget Form FPD 208 [Upload between 1 and 2 document(s)]	<a href="#">21st CCLC Budget Form FPD 208</a>	<a href="#">B57 208 Cohort 15 Budget</a>
21st CCLC Pay Rate Schedule - TEMPLATE NOT PROVIDED [Upload 1 document(s)]	N/A	
21st CCLC Contracted Services (.3xx) - TEMPLATE NOT PROVIDED [Upload at least 1 document(s)]	N/A	
Building Maintenance and Fire Inspection Reports - TEMPLATE NOT PROVIDED [Upload between 1 and 5 document(s)]	N/A	

Update!

REDO

New

# Basic Program Information Form



## 21<sup>ST</sup> Century Community Learning Centers BASIC PROGRAM INFORMATION Competitive Grant Program 2021-2022 (Revised August 2021)



<b>I. Basic Information of Organization Applying for Funding</b>	
Fiscal Agent Organization Name:	
Fiscal Agent Organization Unit Number #:	
Fiscal Agent Organization Dunn & Bradstreet #:	
Fiscal Agent Organization Tax ID #:	
Fiscal Agent Organization Physical Address:	
Requested Grant Award:	\$
County(ies) Served by Proposed 21 <sup>st</sup> CCLC Grant:	
Fiscal Agent Chief Administrator Name:	
Fiscal Agent Chief Administrator Email Address:	
Fiscal Agent Chief Administrator Phone Number:	
Chief Finance Office Name (if appropriate):	
Chief Finance Office Email (if appropriate):	
Chief Finance Office Phone (if appropriate):	
If submitting a Joint Application, provide name of Partnering Agency:	

<b>II. Basic Information of Program Components</b>			
21 <sup>st</sup> CCLC Program Name:			
Program Director Name:			
Program Director Email:			
Program Director Phone Number:			
<b>School Year Program:</b>	Number of Student Slots:	Dates of Programming From: to	Total Number of Weeks Students Served:
<b>Summer Program:</b>	Number of Student Slots:	Dates of Programming From: to	Total Number of Weeks Students Served:

### III. SCHOOL YEAR PROGRAM SITE/CENTER INFORMATION (complete for each site/ center):

Site # 1 Location Name & Physical Address:	Days/Hours of Operation:	Phone #:	Site Director Name and Email Address):
Site # 2 Location Name & Physical Address:	Days/Hours of Operation:	Phone #:	Site Director Name and Email Address):
Site # 3 Location Name & Physical Address:	Days/Hours of Operation:	Phone #:	Site Director Name and Email Address):

Insert additional cells as necessary. Approved programs will submit a separate Summer Program Information Sheet at a later date.

*By signing below, I am attesting that I understand it is the Fiscal Agent Organization's responsibility to: 1) maintain accurate and updated contact information for all 21<sup>st</sup> CCLC Competitive 2021-2022 Grant Program sites with NCDPI; 2) ensure adherence to all assurances and certifications associated with the 21<sup>st</sup> CCLC 2021-2022 Competitive Grant Program; 3) assume responsibility for the reconciliation of any audit exception or compliance finding, including as necessary, the repayment of 21<sup>st</sup> CCLC funds from a non-federal funding source. (Note, an original, hand-written signature or official electronic signature is required.)*

Printed Name of Fiscal Agent Chief Administrator or Designee

Date

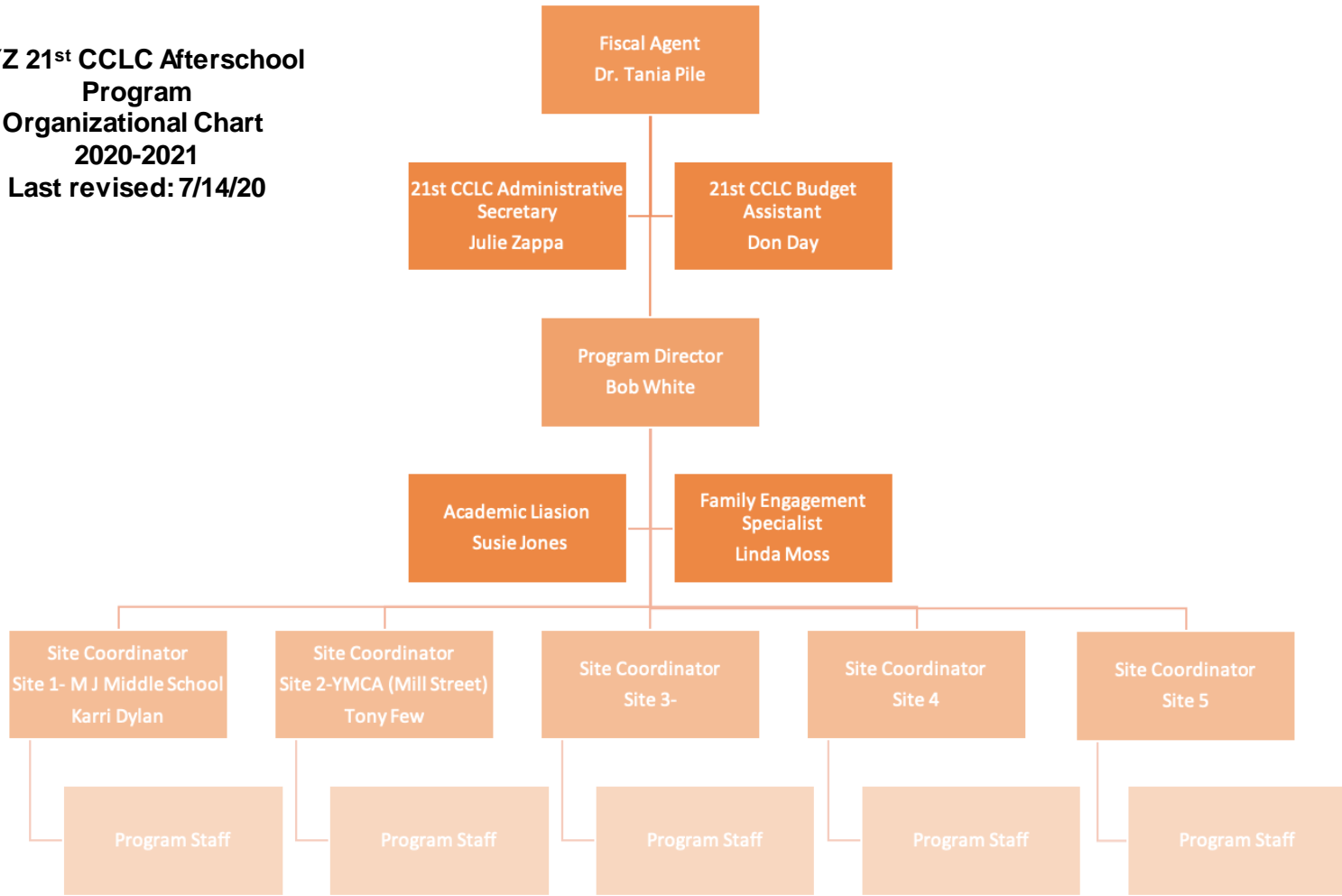
Signature of Fiscal Agent Chief Administrator or Designee

Date



# Organizational Chart

**XYZ 21<sup>st</sup> CCLC Afterschool  
Program  
Organizational Chart  
2020-2021  
Last revised: 7/14/20**



# Resubmit Assurances

- Two new assurances have been added since the open Competition Period
- Please ensure the Fiscal Agent Chief Executive, Finance Officer, and Program Director have reviewed these attestations.



## Assurances for 21<sup>st</sup> Century Community Learning Centers Competitive Grant (Revised August 2021)

Assurances are hereby provided to the State Education Agency (SEA) that the applicant and all employees and representatives of the applicant's organization will abide by the following terms:

- Implement a program in a safe and easily accessible facility in accordance with section 4204(b)(2) (A)(i).
- Develop and implement the proposed program in active collaboration with the schools the students attend in accordance with section 4204(b)(2)(D).
- Primarily target students who attend schools eligible for school-wide programs under section 1114 and the families of such students in accordance with section 4202(b)(2)(F).
- Use funds to increase the level of State, local and other non-Federal funds that would, in the absence of funds under this part, be made available for programs and activities authorized under this part, and in no case supplant Federal, State, local, or non-Federal funds in accordance with section 4202(b)(2)(G).
- Provide the community with notice of an intent to submit an application and that the application and any waiver request will be available for public review after submission of the application in accordance with section 4204(b)(2)(L).
- Submit evaluation data supporting successful program implementation and progress aligned with the approved proposal.
- Consult with private school officials during the design and development of the 21<sup>st</sup> CCLC competitive grant program on issues such as how the children's needs will be identified and what services will be offered.
- Ensure that services and benefits provided to private school students must be secular, neutral, and non-ideological.
- Ensure the organization does not collect fees and services and benefits provided to enrolled students are free of charge.
- Use funds solely for the purposes set forth in this grant program as approved in the application.
- Use fiscal control and fund accounting procedures that will ensure proper disbursement of, and accounting for federal funds allotted to the organization.
- Be responsible for repayment of 21<sup>st</sup> CCLC competitive grant federal funds in the event of an audit exception or compliance issue.
- Maintain records to ensure that the Single Audit Requirement is applicable for any non-federal entity that expends \$750,000 or more in a year in Federal awards shall have a single or program specific audit conducted for that year in accordance with the provisions of Uniform Guidance, Subpart F.
- Conduct operations in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and Title IX of the Education Amendments of 1972, if applicable.
- Abide by federal regulations which bar discrimination on the basis of race, color, national origin, religion, disability, age, sex and which require accessibility for persons with disabilities.
- Provide the Federal awarding agency, Inspectors General, the Comptroller General of the United States, and the pass-through entity or any other authorized representatives the right of access to any documents, papers, or other records of the non-Federal entity which are pertinent to the Federal award, in order to make audits, examinations, excerpts and transcripts. The right also includes timely and reasonable access to the non-Federal entity's personnel for the purpose of interview and discussion related to such documents (§200.337).
- Thoroughly read, understand, and agree to uphold all policies and procedures found in the most recent NCDPI 21<sup>st</sup> CCLC Grant Guidance document.

Fiscal Agent Organization Name:

# Pay Rate Schedule

PAY RATE SCHEDULE			
Organization Name (enter in shaded cell below)	Account Code	Annual Budget	Hourly Rate
Program Director	6300.110.113	\$42,930.00	\$30.00
Bookkeeper	6300.110.115	\$16,575.00	\$13.00
Site Coordinator	5350.110.113	\$26,300.00	\$25.00
Instructional Assistant	5350.110.131	\$7,807.50	\$15.00
Lead Teacher	5350.110.135	\$101,985.00	\$25.00
Teacher Assistant	5350.110.141	\$14,064.00	\$12.00
Office Support	5350.110.151	\$8,232.00	\$12.00
Staff Development Instructor/Curriculum Specialist	5350.110.197	\$11,200.00	\$35.00
Parent Instructor	5880.110.131	\$3,000.00	\$50.00
Driver	6550.110.171	\$15,264.00	\$12.00

# 21<sup>st</sup> CCLC Contracted Services Slot

- Please utilized this Required Documents slot to upload all executed Contracts
  - Budget 208's cannot be approved until contracts have been uploaded and reviewed
- If your Organization does not have any funds budgeted for Contracted Services, you may upload a signed attestation stating this fact

# Budget 208 Upload

- Please print and sign the Budget 208 template and all corresponding Budget tabs (in applicable) and upload into this slot
- Only wet signatures or official electronic signatures will be accepted
- If you do not have a scanner, please utilize a free PDF application such as Genius Scan and Cam Scan to make PDFs of signed uploads

# Building Maintenance and Fire Inspection Reports

**NORTH CAROLINA SCHOOL FIRE INSPECTION FORM**

The following is a report of conditions found during the fire prevention inspection required by G.S. 115C-525. Violations found during this inspection are indicated by a "No" answer and are listed on the back of form (applicable to public and non-public schools).

Mike Causey  
Commissioner of Insurance

Name of School: Central Middle School  
 Building: All Date: 5-26-2020  
 Location: 3571 South Hill Hwy 16

	Yes	No	N/A
1 All corridors, storage areas, stairways, basement, attic and closets are clear of trash and debris	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 There is no accumulation of trash, rubbish or weeds adjacent to the building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All exit doors are in proper working condition (unlocked and unobstructed), are properly identified and swing in the direction of exit travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Fire doors and smoke doors are not blocked open and swing in the direction of exit travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 All emergency exit signs are properly illuminated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Exit corridors and stairways have Class A finish	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Fire alarm detection equipment is in proper working order so that all occupants can hear the signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Emergency numbers are posted by telephones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Evacuation Plan is posted in all occupied areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Combustible school supplies (books, paper, art supplies, etc.) are stored in a safe and orderly manner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Maintenance and cleaning supplies and equipment are stored in an orderly manner in a well ventilated area or in an approved container with a self-closing lid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Portable fire extinguishers are charged, in proper working condition, tagged, mounted and are of the proper type in accordance with NFPA 10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 All cooking areas, including the Home Economics Department, are equipped with proper portable BC rated fire extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Kitchen equipment with grills and/or deep fat fryers are protected with a fixed fire extinguishing system and have semi-annual certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Hood and vent systems, including filters, in kitchen area are free of grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Combustible or flammable liquids used for instructional purposes are stored in approved containers with vapor-tight covers in a proper location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Chemicals used for instructional purposes are labeled and stored in approved containers in proper locations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Heat producing laboratory equipment such as Bunsen burners are in good condition (e.g., tubing and connections are properly fitted and not worn)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 No portable electric heaters with exposed elements are present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 No open flame type oil, gas or solid fuel fired heating equipment located in general classrooms (does not apply to vocational shop areas)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Boiler, furnace and mechanical rooms are clean and free of stored combustible materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Upper and lower combustion air openings in rooms containing gas or oil fired equipment are open and unobstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Heating and air conditioning equipment is equipped with clean filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Vent pipes for oil and gas fired equipment are without leaks from loose joints or deterioration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 There is no evidence of leaks in oil lines and oil tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Boilers have inspection certification seal. Date of certification: <u>20</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 All access doors on heating and air conditioning equipment are in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 If smoking is permitted in the building, "No Smoking" signs are posted in areas subject to hazardous chemicals, flammable vapors and dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Emergency lighting is in operable condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Principal's monthly report indicates that fire drill and inspection have been conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list the violations indicated by a "No" answer:

- Room 716 needs to be cleaned out some
- Need 6" all address numbers posted at Road sign
- Still have several sprinkler plates missing
- Exit door close to 601 is hard to open
- Room 611 has multi-plug adapter under Smart board
- Need smoke detector on 2nd floor in Hvac Rooms
- wired to fire alarm system
- Sprinkler plate cover missing in cafeteria cooler
- Room 816 sprinkler head at door is leaking & cover is missing
- ALL unused chemicals in 8th grade Science Room
- HAS TO BE REMOVED

Others:

Inspector signature Jake Patrick Date: 5-26-2020  
Blair McNeer

Activate Windows  
Go to Settings to activate Windows






2

# Optional Documents Section

Ashton Moss, *Fiscal Analyst*

Federal Programs & Monitoring Support

# Optional Documents Section



Memorandum of Understanding (MOU) [Upload up to 1 document(s)]	 <a href="#"><u>Sample MOU Template</u></a>
21st CCLC Budget Amendment Request Form FPD 209 [Upload up to 10 document(s)]	 <a href="#"><u>21st CCLC Budget Amendment Form 209 Rev 8.2.21</u></a>
21st CCLC Programmatic Amendment Form [Upload up to 4 document(s)]	 <a href="#"><u>21st CCLC Programmatic Amendment Form</u></a>
21st CCLC Asset Inventory [Upload up to 2 document(s)]	 <a href="#"><u>21st CCLC Asset Inventory</u></a>
21st CCLC Voluntary Reduction or Termination of Grant Award [Upload up to 1 document(s)]	 <a href="#"><u>21st CCLC Voluntary Reduction or Termination of Grant Award</u></a>
Transit Inspection Reports - TEMPLATE NOT PROVIDED [Upload up to 4 document(s)]	N/A



# Budget Amendment 209 Template

NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION						
21st CENTURY COMMUNITY LEARNING CENTERS						
Budget Form FPD 209 - Budget Amendment (Revised 8.2.21)						
Organization Name (enter in shaded cell below)						
Unit Number						
Cohort Number						
Project Period Beginning			07/01/21			
Project Period Ending			09/30/22			
Total Yearly Budget \$			-			
The following Account Titles and Budget Codes are approved and allowable for PRC 110 in BAAS and ERaCA systems. Do not use any others unless approved by Division Leadership.						
Account Title	Account Budget Code	Previously Approved Budget Amount	Increases	Decreases	Final Revised Approved Budget	Justification for changes in budget
Alt Progs Supprt & Dev Svcs - Salary - Director and/or Supervisor	6300.110.113	\$ -	\$ -	\$ -	\$ -	
Alt Progs Supprt & Dev Svcs - Salary - Finance (e.g.,						

# Programmatic Amendment

**21<sup>st</sup> Century Community Learning Centers (CCLC) Program  
PROGRAMMATIC AMENDMENT FORM**

This form should be used to request a notable change in the program service delivery currently implemented to support the goals of the awarded 21<sup>st</sup> CCLC Grant proposal. This document should not be used to document minor program adjustments nor to request a budget amendment (budget amendment requests should be submitted via the Budget Form 209).

21 <sup>st</sup> CCLC Program Name:		Unit No:	Cohort:
Program Director:		Phone:	Requested change is for School Year <input type="checkbox"/>
E-mail address:		Fax:	Requested change is for Summer <input type="checkbox"/>

**PROPOSED ELEMENT TO ALTER IN APPROVED GRANT PROPOSAL:** 1) Refer to section(s) and page(s) of the original grant proposal. Indicate the page number or section in the application where the language/content proposed for change can be found. 2) State the current language/content in the approved application for which you are submitting the amendment request.

\_\_\_\_\_

**RATIONALE:** Provide the rationale for the proposed changes to the implementation plan to support the goals or objectives of the approved 21<sup>st</sup> CCLC Grant application. Provide background information that will explain why the proposed change(s) are necessary.

\_\_\_\_\_

**IMPLICATIONS FOR OTHER PROGRAM ELEMENTS:** Discuss the implications and challenges that might be associated with the proposed amendment as it relates to personnel, training, budget (may require separate Budget Amendment Form 209), or any other operational logistics as appropriate.

\_\_\_\_\_

**NOTE: To be processed, the Programmatic Amendment Form must include a handwritten signature by Fiscal Agent's Chief Administrator or Authorized Designee and Program Director.**

*My signature below indicates that I have read and approved the proposed amendments to the awarded 21<sup>st</sup> CCLC Grant application for my organization.*

\_\_\_\_\_  
(Printed Name of Fiscal Agent Organization Chief Administrator or Authorized Designee)

\_\_\_\_\_  
(Signature of Fiscal Agent Organization Chief Administrator or Authorized Designee)

\_\_\_\_\_  
(Printed Name of 21<sup>st</sup> CCLC Program Director)

\_\_\_\_\_  
(Signature of 21<sup>st</sup> CCLC Program Director)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

Revised 8/2021

# Asset Inventory

[illegible]

# Voluntary Reduction or Termination of Funds



**21<sup>st</sup> Century Community Learning Centers (CCLC) Program  
VOLUNTARY REDUCTION OR TERMINATION OF GRANT AWARD**

<input type="checkbox"/>	Sub-recipient Name		Unit Number		Year of Award	
--------------------------	--------------------	--	-------------	--	---------------	--

A 21<sup>st</sup> Century Community Learning Center (21<sup>st</sup> CCLC) 21<sup>st</sup> sub-recipient may initiate termination or reduction of its grant award by submitting written notification to the Federal Program Monitoring Section. The notification shall state the reason(s) for initiating the reduction or termination process and the effective date of the reduction or termination. Please indicate below if the request is for termination or reduction of funds.

**I. REQUEST FOR TERMINATION OF 21<sup>ST</sup> CCLC GRANT**

<input type="checkbox"/>	The sub-recipient would like to voluntarily terminate its grant program.	The proposed effective date for the grant program termination: <input type="text"/>
Reason: <input type="text"/>		

**II. REQUEST FOR REDUCTION OF 21<sup>ST</sup> CCLC FUNDS**

<input type="checkbox"/>	The sub-recipient would like to voluntarily reduce the amount of 21 <sup>st</sup> CCLC funds for the following time period:	
	<input type="checkbox"/> The current fiscal year. <input type="checkbox"/> The remainder of the grant cycle.	
If decision is due to low enrollment/attendance, provide the attendance details in the next row. If not, skip to the "Reason" text box below.		
Initial Enrollment/Attendance Targets As Approved in the Grant Application) (List for each site if applicable): <input type="text"/>		Revised Enrollment/Attendance Targets (List for each site if applicable): <input type="text"/>
Reason: <input type="text"/>		

Printed Name of Fiscal Agent Organization  
Chief Administrator or Designee

Signature of Fiscal Agent Organization  
Chief Administrator or Designee

(Printed Name of Sub-recipient Official)

(Signature of Sub-recipient Official)

(Date of Request)

Submit completed requests to Melba Strickland at [melba.strickland@dpi.nc.gov](mailto:melba.strickland@dpi.nc.gov).

# Transit Inspection Report(s)

## STATE OF NORTH CAROLINA VEHICLE INSPECTION RECEIPT/STATEMENT SAFETY INSPECTION

Classification: Safety  
Electronic Authorization: 112  
Date: 9/8/2020

**\* PASSED \***

Inspection Fee: \$12.75  
E-Auth. Fee: \$0.85  
Window Tinting Fee: \$0.00  
Total Fees: \$13.60

Make: FRHT  
Year: 2005  
Engine Size: 6400 cc  
Body Style: Bus  
VIN: 4UZAAXCS55CN16606  
County: PITT

Vehicle Type: Heavy Duty  
Plate Number: NONE  
Odometer Reading: 324413  
Number of Cylinders: 6  
Type of Fuel: Diesel  
Previous Odometer:  
Motor Vehicle Dealer #:

Next Inspection Due Date: Month/Year 9/2021 (See note)  
TIN Number: 316011468236

Note: Also see your vehicle's registration card for next official inspection due date.

### Safety Equipment

Headlights..... PASS  
Parking Lights..... PASS  
Tail Lights..... PASS  
Beam Indicator Light/Switch..... PASS  
License Plate Light..... PASS  
Stop Light..... PASS  
Directional Signals..... PASS  
Horn..... PASS  
Windshield Wipers..... PASS  
Rear View Mirrors..... PASS  
Foot Brake..... PASS  
Emergency Brake..... PASS  
Steering Mechanism..... PASS  
Tires..... PASS  
Exhaust System..... PASS  
Clearance Lights..... PASS  
Reflectors..... PASS  
Window Tinting..... N/A

### Tampering Inspection

Catalytic Converter..... N/A  
Air Injection System..... N/A  
PCV Valve..... N/A  
Unleaded Gas Restrictor..... N/A  
Exhaust Gas Recirculation..... N/A  
Thermostatic Air Control..... N/A  
Fuel Evaporation Control..... N/A  
Oxygen Sensor..... N/A  
Gasoline Tank Cap..... N/A

Station Number: 30463  
Inspection Class: Safety  
Parts Exemption Number:  
Inspector-Mechanic's Name: JASON JESMER  
Inspector-Mechanic:

Analyzer Number: NC030463  
Version: 2001  
Receipt/Statement Number: 1078  
Owner's Repair Authorization:

RETAIN THIS COPY FOR YOUR RECORDS

# Technical Deductions

- During the Related Documents and Budget 208 Review process, Program Administrators will also be verifying that all Required Documents were correctly signed during the competition
- If your organization received a technical deduction point for an unsigned Required Document, please ensure these have been updated for a speedy review

# Tips for a Quick CCIP Approval

- Complete and upload all related documents (if signatures are required ensure those documents are signed) (apps such as Genius Scan or Cam Scanner)
- Ensure budgets include a reflective narrative for each line itemized in the budget
- Organizations can make edits/adjustments at any status except once finalized at “Chief Administrator Approved”
- Click the Funding Application Status through “*Chief Administrator Approved*”
- Once LEAS/Charters receive “NCDPI Program Administrator Approved” and “Division Administrator Approved” they should upload budgets into BAAS/LBAAS/LINQ accordingly



# **CCIP Budget/Related Documents Timeline for Submission**

- **CCIP Opens – Monday, August 23, 2021**
- **Completed Updates must be submitted by Thursday, September 30, 2021**



## **Budget Approval → Allotment Allocation**

- For LEAs, NCDPI Program Administrators will document budget 208 approval (in CCIP and budget with official GAN letter) to prompt LEAs to upload into LBAAS/LINQ/Budget Builder LEA financial system.
- Although proposed budget on Budget Form 208 is for full year, allotment installments distributed from NCDPI in thirds (34%, 34%, and 32%) and Subgrantees (LEAs and Non-LEAs) should submit in budget builder accordingly.

# **Tentative 2021-22 Allotment Installments**

- 1<sup>st</sup> installment drop (34% of funds)- October 2021
  - After Budget Form 208 approval in CCIP
- 2<sup>nd</sup> installment drop (34% of funds)- February 2022
  - After 50% Attendance Goal Met (Students must attend program 15 or more hours before they can be counted towards attendance goal)
- 3<sup>rd</sup> installment drop (32% of funds)- April 2022
  - After 75% Attendance Goal Met (Students must attend program 15 or more hours before they can be counted towards attendance goal)

# Upcoming September 2021 Important Dates

- Budget and Related Documents Virtual Technical Assistance Office Hours
  - **September 1, 2021** from 10am-11am
  - **September 8, 2021** from 1pm-2pm
- Statewide Lunch & Learn Meeting
  - **September 20, 2021** from 12:00pm-1:30pm
- Program & Fiscal Monitoring Procedures Webinar
  - **September 14, 2021** from 1pm-3pm
- Due Date for all documents to be approved in CCIP for 1st Installment eligibility in October
  - **September 30, 2021** by COB

# Questions?