**Extended Learning and Integrated Student Supports (ELISS)**

**Basic Program Information**

**Competitive Grant Program 2023-2024 (Revised November 2023)**

|  |  |
| --- | --- |
| **I. Basic Information of Non-Profit Organization Applying for Funding** | |
| 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 ELISS Grant: |  |
| Fiscal Agent Chief Administrator Name: |  |
| Fiscal Agent Chief Administrator Email Address: |  |
| Fiscal Agent Chief Administrator Phone Number: |  |
| Chief Finance Officer Name (if appropriate): |  |
| Chief Finance Officer Email (if appropriate): |  |
| Chief Finance Officer Phone (if appropriate): |  |
| If submitting a Joint Application, provide name of Partnering Agency: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **II. Basic Information of Program Components** | | | | | |
| ELISS Program Name: | |  | | | |
| ELISS Program Type: | | **Integrated Student Supports (ISS)** **Both Extended Learning and Integrated Student Supports**  **Summer Program** | | | |
| Program Director Name: | |  | | | |
| Program Director Email: | |  | | | |
| Program Director Phone Number: | |  | | | |
| **ISS School Year Program:**  **Not Applicable:** | **Proposed Number of Students Served:** | | **Dates of Programming From:**      **to** | **Total Number of Weeks Students Served:** | **Average Number of Weekly Contact Hours:** |
| **EL School Year Program:**  **Not Applicable:** | **Proposed Number of Students Served:** | | **Dates of Programming From:**      **to** | **Total Number of Weeks Students Served:** | **Average Number of Weekly Contact Hours:** |
| **Summer Program:**  **Not Applicable:** | **Proposed Number of Students Served:** | | **Dates of Programming From:**      **to** | **Total Number of Weeks Students Served:** | **Average Number of Weekly Contact Hours:** |

**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 ELISS Competitive 2023-2024 Grant Program sites with NCDPI; 2) ensure adherence to all assurances and certifications associated with the ELISS 2023-2024 Competitive Grant Program; 3) assume responsibility for the reconciliation of any audit exception or compliance finding, including as necessary, the repayment of ELISS 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***