
21st Century Annual Report

All Title IV- Part B, Nita M. Lowey 21st Century Community Learning Center (21st CCLC) grantees are required to submit an Annual Report to conclude the grant year. The purpose of this process is to provide an annual review of progress toward achievement of program goals, as outlined in each programs original grant application, and efficiency with respect to the use of 21st CCLC funding. Additionally, we hope the process will assist grantees in identifying program strengths and challenges.

Once the completed Annual Report has been submitted and reviewed, each program will be notified as to the status of the continuation of funding. Possible outcomes of this review could include full refunding for the coming year, technical assistance in identified areas of need, reduced funding based on benchmarks and progress, conditional funding with a required plan of improvement, or discontinuation of funding.

It is important to note that significant programmatic changes to the original scope of the grant application may only be made upon OSDE approval.

This Annual Report and supporting documentation must be submitted by June 1st. As stated within the general assurances with the funded grant application, applicants will make reports to OSDE as necessary to enable the agency and staff to perform their duties under the 21st CCLC program. Our goal is to assist each program in meeting grant requirements and application goals in order to ensure future funding at both the state and program levels. We welcome your questions and encourage you to reach out for assistance.

If assistance is required please contact the Oklahoma State Department of Education, Family and Community Engagement/21st CCLC at 405-522-6225.

Contact Information

*** Denotes required field**

Superintendent / Authorized Representative:

Name	<input type="text"/>				
Address 1*	<input type="text"/>				
Address 2	<input type="text"/>				
City*	<input type="text"/>	State*	OK	Zip+4*	<input type="text"/>
Phone*	<input type="text"/>		Extension	<input type="text"/>	Email* <input type="text"/>

Annual Report Contact:

Last Name*	<input type="text"/>	First Name*	<input type="text"/>
Phone*	<input type="text"/>	Ext.	<input type="text"/>
		Email*	<input type="text"/>

Primary Partner:

Last Name*	<input type="text"/>	First Name*	<input type="text"/>
Phone*	<input type="text"/>	Ext.	<input type="text"/>
		*Email	<input type="text"/>

Program Director:

Last Name*	<input type="text"/>	First Name*	<input type="text"/>
Phone*	<input type="text"/>	Ext.	<input type="text"/>
		Email*	<input type="text"/>

Site 1 Coordinator:

Last Name First Name
Phone Ext. Email

Site 2 Coordinator:

Last Name First Name
Phone Ext. Email

Family Engagement Contact:

Last Name First Name
Phone Ext. Email

Fiscal/Claims Contact:

Last Name* First Name*
Phone* Ext. Email*

Data Collection Contact:

Last Name* First Name*
Phone* Ext. Email*

Other:

Last Name First Name

Phone Ext.

Email

Application Approval / Disapproval Copy Email Addresses

Check to add up to five (5) email addresses to receive copies of automated approval/disapproval notices. The Authorized

- ☐ Representative or Superintendent who submits the application does not need to be included in this list. Any other users who should receive notification should be listed.

Add Additional Email addresses

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Program Schedule

Please complete table by referring to your program calendar.		
	Site 1	Site 2 (if applicable)
Site Name		
Summer 2024		
1. Last day of 2023-24 school year (MM/DD/YYYY)		
2. Program start date (MM/DD/YYYY)		
3. Program end date (MM/DD/YYYY)		
4. Number of days services offered per week		
5. Program daily hours of operation		
Start time (HH:MM)	AM	AM
End time (HH:MM)	PM	PM
6. Total number of weeks summer program offered		
Fall 2024		
7. First day of 2024-25 school year (MM/DD/YYYY)		
8. Program start date (MM/DD/YYYY)		

9. Program end date (MM/DD/YYYY)	<input type="text"/>	<input type="text"/>
10. Number of days services offered per week	<input type="text"/>	<input type="text"/>
11. Program daily hours of operation		
Before school hours		
Start time (HH:MM)	<input type="text"/> AM	<input type="text"/> AM
End time (HH:MM)	<input type="text"/> AM	<input type="text"/> AM
After school hours		
Start time (HH:MM)	<input type="text"/> PM	<input type="text"/> PM
End time (HH:MM)	<input type="text"/> PM	<input type="text"/> PM
12. Total number of weeks fall program offered	<input type="text"/>	<input type="text"/>
Spring 2025		
13. Program start date (MM/DD/YYYY)	<input type="text"/>	<input type="text"/>
14. Program end date (MM/DD/YYYY)	<input type="text"/>	<input type="text"/>
15. Number of days services offered per week	<input type="text"/>	<input type="text"/>
16. Program daily hours of operation		
Before school hours		
Start time (HH:MM)	<input type="text"/> AM	<input type="text"/> AM
End time (HH:MM)	<input type="text"/> AM	<input type="text"/> AM

After school hours		
Start time (HH:MM)	<input type="text"/> PM	<input type="text"/> PM
End time (HH:MM)	<input type="text"/> PM	<input type="text"/> PM
17. Total number of weeks spring program offered	<input type="text"/>	<input type="text"/>
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Summary

Please provide a brief summary, **including any highlights, changes or challenges**, for each of the following aspects of your 21st CCLC program. Please also include any planned adjustments for the program in the coming year with respect to each area.

A. Youth offerings and activities:

([count] of 2000 maximum characters used)

B. Literacy and educational opportunities for families and students:

([count] of 2000 maximum characters used)

C. School-Community Partnership development, involvement and communication:

([count] of 2000 maximum characters used)

D. Advisory Committee involvement and recommendations:

([count] of 2000 maximum characters used)

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E. School day alignment and communication:

([count] of 2000 maximum characters used)

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F: Sustainability efforts:

([count] of 2000 maximum characters used)

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G. Staff professional development:

([count] of 2000 maximum characters used)

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H. Use of all non-21st CCLC funds (grants, in-kind/donations):
([count] of 2000 maximum characters used)

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Improvement Planning, Objectives and Progress

Please choose one YPQI improvement goal and one program objective from your original grant application and describe efforts and progress made with respect to each during the grant year.

A. YPQI Program Improvement Goal:

([count] of 2000 maximum characters used)

B. Program Objective as outlined in grant application (Note: Federal law authorizing 21st CCLC clearly states that strategies employed should be evidence-based.):

([count] of 2000 maximum characters used)

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Program Supports

1. Please share the most helpful technical assistance and professional learning opportunity you received from the OSDE 21st CCLC team this year (ex: New Grantee Orientation, YPQI training, coaching, site visit, monitoring visit, phone contacts, newsletters, email or social media).

([count] of 2000 maximum characters used)

2. Please describe any additional technical assistance or professional learning support you would like to see the OSDE 21st CCLC team provide in the coming year.

([count] of 2000 maximum characters used)

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Supporting Documentation

Supporting documentation pertinent to this report will be uploaded here. In order for your reports to be accepted, the following uploads are required:

- a. A program calendar indicating dates and weeks program services were provided.
- b. Minutes, an agenda, and/or sign-in sheets from your most recent Program Advisory Council meeting.
- c. One communication example with each of the following stakeholders, school day staff, the community, parents/families, and community partner(s).
- d. The program's current 21st CCLC inventory list.
- e. For non-district grantees only, a copy of your organization's most recent fiscal audit.
- f. For grantees in the final year of funding, upload your sustainability plan.

Provide any additional information or explanation related to your uploaded documents that you would like OSDE to be aware of. ([count] of 2000 maximum characters used)

The following guidelines apply:

Allowable files types are: Microsoft Word (.doc/.docx) and Adobe PDF.

Files must be less than 3MB in size, and the file name should not include special characters (i.e. #, \$, % etc).

Attempting to upload a file that does not comply with these restrictions will result in errors and loss of unsaved data.

Choose File No file chosen

Upload

Uploaded Files:

No files are currently uploaded for this page.



Delete Selected Files

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Submit

The Consistency Check must be successfully processed before you can submit your application.

Consistency Check

Lock Application

Unlock Application

LEA Data Entry

LEA Administrator

Program Review 2

Application History (Read Only)

This Application has not been submitted