

# MEMORANDUM

**TO:** 21<sup>st</sup> Century Community Learning Center Project Directors  
**FROM:** Marsha Bailes  
**DATE:** January 24, 2012  
**SUBJECT:** Completion of Information for Funding Year 2012-2013  
21<sup>st</sup> Century Community Learning Center Programs

In order to complete the grant award process for 2012-2013, the attached **WVDE 21<sup>st</sup> Century Community Learning Center Program Continuation Report Narrative** must be submitted to our office **NO LATER THAN Friday, JUNE 15, 2012. The financial portion of this report will be due July 16, 2012.** For end of the year financial reporting for 21<sup>st</sup> CCLC programs, county boards of education must use the WVEIS reports. Community and faith-based organizations will be required to account for funds advanced and expended by using the attached Grant Financial Report Form WVDE 13-60-10. For final reports, be sure to complete the back of the 13-60-10 form. Also, as a reminder, separate reports are needed by the fiscal year of appropriation. Please retain a copy of all reports submitted for the purpose of resolving any questions that may arise, as well as for audit purposes.

The continuation report documents progress toward successful program implementation and goal attainment. Data provided here will help recognize successes and provide information necessary to identify and begin to address program challenges. It is expected that sub-grantees will be in different stages in this process based on the year of their grant, however all programs are expected to demonstrate progress. **Please base data for this report on your latest grant award or approved revision if changes have been made.**

Once the information requested in this memorandum is received, the grant award process can begin contingent upon the receipt of federal funding from the US Department of Education. It is anticipated that awards will be processed by the end of July 2012. Upon completion of your grant award, the information will be forwarded to your county school superintendent or authorized agency designee. When the signed copy of the grant award is returned by your superintendent or authorized agency designee, a copy will be forwarded to the project director.

If you have questions or need additional information, feel free to contact the West Virginia 21<sup>st</sup> CCLC office at 304-558-3199. On behalf of the West Virginia Department of Education, I extend our appreciation for the commitment you have shown over the past year to the students of the 21<sup>st</sup> CCLC program.

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21<sup>st</sup> Century Community Learning Center Program  
Continuation Report June 15<sup>th</sup>, 2012



*Next Year of Funding Will Be For:*  
*Year Two* \_\_\_\_\_ *Year Three* \_\_\_\_\_ *Year Four* \_\_\_\_\_ *Year Five* \_\_\_\_\_

Grant Commitment Number \_\_\_\_\_  
Name of Grantee \_\_\_\_\_  
Title of Project \_\_\_\_\_  
Starting Date July 1, 2011 Ending Date: June 30, 2012  
Funds Received \_\_\_\_\_  
County(s) \_\_\_\_\_

Project Director \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Fiscal Agent \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Proposed number of sites: \_\_\_\_\_  
Actual sites served: \_\_\_\_\_

**Number of Students Served Per Site**

Site Name	Number of Student Proposed to be Served (listed in original grant)	Number of Students Registered	Average Daily Attendance					Number of Regular Attendees (30 Days or more)					Total Students Attending		Total Days of Program Operation	
			Year 1	Year 2	Year 3	Year 4	Year 5	Year 1	Year 2	Year 3	Year 4	Year 5	2010-2011	2011-2012	2010-2011	2011-2012

\*If needed, add more boxes.

**Program Totals**

Proposed number of students to be served \_\_\_\_\_

Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_

Number of **regular attendees** (30 days or more) \_\_\_\_\_

Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_

Percentage of enrolled students attending at least 20 days \_\_\_\_\_

Percentage of enrolled students attending at least 30 days \_\_\_\_\_

Proposed cost per student served

(Proposed grant amount divided by total proposed students to be served) \$\_\_\_\_\_

Actual cost per student served (awarded grant amount divided by total students served) \$\_\_\_\_\_

Proposed matching funds \$\_\_\_\_\_

Actual matching funds expended . . . . (*Attach Detail Report*) \$\_\_\_\_\_

**Estimated student to staff ratio**

Look at Afterschool Matters activity reports to get the typical number of students per day for each program component listed below. Use that number when reporting student to staff ratio. Regular staff should be a person who works or volunteers on a regular basis. (Afterschool Matters defines regular staff as an individual who works at a center according to a defined schedule on an ongoing basis and had a defined function or role to perform during the periods in which they were staffing the center)

- Homework Help \_\_\_\_\_
- Tutoring \_\_\_\_\_
- Enrichment \_\_\_\_\_
- Recreation \_\_\_\_\_
- Other \_\_\_\_\_

**Parent Information-** List and briefly describe workshops provided for parents. Please include the date of the workshop, number of attendees, name and credentials of the workshop presenters, and the results of the evaluations of the sessions.

Site Name	Title of Workshop	Date	Names and Credentials of Presenters	Results of Parent Evaluations	Total Family Members Served
				___% Excellent ___% Satisfactory ___% Unsatisfactory	
				___% Excellent ___% Satisfactory ___% Unsatisfactory	
				___% Excellent ___% Satisfactory ___% Unsatisfactory	
				___% Excellent ___% Satisfactory ___% Unsatisfactory	
				___% Excellent ___% Satisfactory ___% Unsatisfactory	
				___% Excellent ___% Satisfactory ___% Unsatisfactory	

\*If needed, add more boxes.



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	<input type="checkbox"/> Met Goal <input type="checkbox"/> Did not meet, but progressed <input type="checkbox"/> Did not meet and no progress <input type="checkbox"/> Unable to measure progress			
	<input type="checkbox"/> Met Goal <input type="checkbox"/> Did not meet, but progressed <input type="checkbox"/> Did not meet and no progress <input type="checkbox"/> Unable to measure progress			
	<input type="checkbox"/> Met Goal <input type="checkbox"/> Did not meet, but progressed <input type="checkbox"/> Did not meet and no progress <input type="checkbox"/> Unable to measure progress			

- **Please attach goals and objectives from your original grant application or most recent approved revision**

Discuss the current year's successes and challenges: (continuous improvement action plan)

What steps have you taken to align your program with the regular school day, including “targeted tutoring”?

How have you utilized the professional development or technical assistance that has been provided?

What have you done to work toward sustainability this year? (partner contributions, other grants, etc.)



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What partners did you have proposed that did not contribute during the year?  
List and explain below. If needed, add more boxes.

Name of proposed partner	Explanation

If you used volunteers, including qualified seniors, explain how they participated, were trained and supervised:

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Were staff members and individuals or entities providing goods or services selected based on prior experience, qualifications and where applicable, specialized training and/or certification?

Yes \_\_\_\_\_

No \_\_\_\_\_

If no, please explain

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Did the staff or volunteers receive training in regard to their responsibilities and understand their role in the overall program?

Yes \_\_\_\_\_

No \_\_\_\_\_

If no, please explain

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Were the following reports submitted by the due date listed below:

Bi Monthly Report: **Nov. 18** \_\_\_\_\_ Yes \_\_\_ No \_\_\_

**Jan. 31** \_\_\_\_\_ Yes \_\_\_ No \_\_\_

**March 31** \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Continuation Report: **June 15** Yes \_\_\_\_\_ No \_\_\_\_\_

PPICS: **June 30** Yes \_\_\_\_\_ No \_\_\_\_\_

If you marked no above, did you receive an approved extension?

Yes \_\_\_\_\_ No \_\_\_\_\_

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\* As the project director of the above-described project, I hereby confirm and verify the validity of the information reported:

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Project Director

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Date

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Email completed forms to WV 21<sup>st</sup> CCLC by Wednesday, June 15, 2012 to:

\*Once completed sign, scan and send this page by e-mail to: [mcbailes@access.k12.wv.us](mailto:mcbailes@access.k12.wv.us)  
or mail to:

Dr. Marsha Bailes  
West Virginia Department of Education  
Bldg. 6, Room 617  
1900 Kanawha Blvd. East  
Charleston, WV 25305



Mail Report To:  
**WV Department of  
Education  
Bldg 6, Room 204  
1900 Kanawha Blvd  
East  
Charleston, WV 25305-  
0330**

<b>FOR STATE DEPT. OF EDUCATION USE ONLY:</b>		
FIMS FUND _____	ACT _____	OBJ _____
FIMS ID _____		
Verified By: _____	Date: _____	
Approved By: _____	Date: _____	Date: _____
TM# _____		_____

**FIMS IGT#:** \_\_\_\_\_

**WVDE 13-  
60-10**

**EXCEL** Rev. 2/08

STATE DEPARTMENT OF EDUCATION  
GRANT EXPENDITURE REPORT

GRANT EXPENDITURES			LOCAL FUNDING & CONTRIBUTIONS		
Program / Function		Total Expenditures	Program / Function	Object	Total Expenditures
Salaries	Project Coordinator				
	Site Coordinator				
	Teachers				
	Tutors				
	Aides				
	Bus Driver				
Fringes	Project Coordinator				
	Site Coordinator				
	Teachers				
	Tutors				
Supplies/ Consumables					
Training					
Travel					
Equipment					
Transportation	Bus / Rental				
Facilities	Rental / Lease				
	Insurance				
Utilities	Phone				
	Electric				
Consultants	Evaluations				
Other - List					
Indirect Cost					
GRANT EXPENDITURES			LOCAL EXPENDITURES		