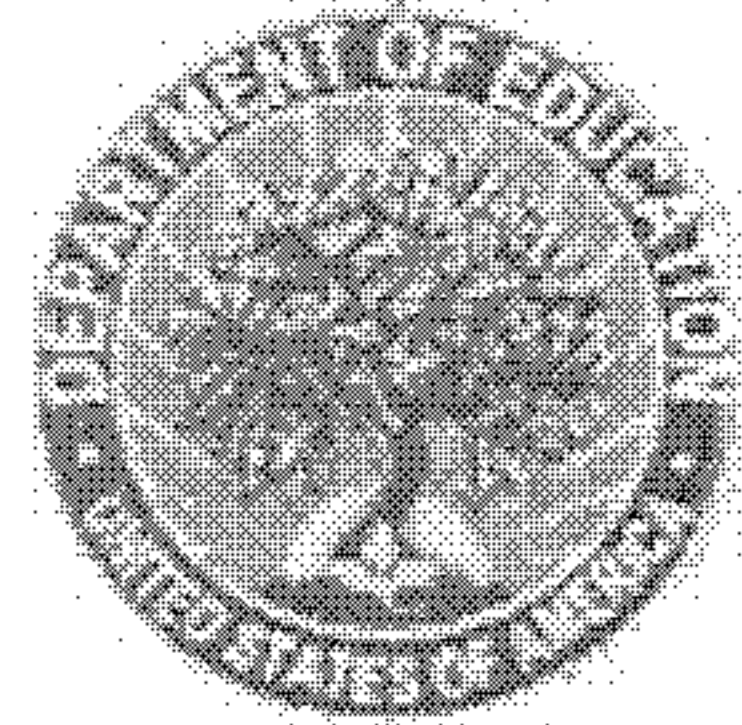


U.S. Department of Education

Washington, D.C. 20202-5335



APPLICATION FOR GRANTS UNDER THE

**HIGH QUALITY SUPPLEMENTAL EDUCATIONAL SERVICES AND AFTER-SCHOOL
PARTNERSHIPS DEMONSTRATION**

CFDA # 84.287N

PR/Award # U287N080024

Grants.gov Tracking#: GRANT10065175

Closing Date: AUG 12, 2008

****Table of Contents****

Forms

1. Application for Federal Assistance (SF-424)	e1
2. Standard Budget Sheet (ED 524)	e5
3. SF 424B - Assurances Non-Construction Programs	e7
4. Disclosure of Lobbying Activities	e9
5. 427 GEPA	e10
Attachment - 1	e11
6. ED 80-0013 Certification	e12
7. Dept of Education Supplemental Information for SF-424	e13

Narratives

1. Project Narrative - (Abstract Narrative...)	e14
Attachment - 1	e15
2. Project Narrative - (Project Narrative...)	e17
Attachment - 1	e18
3. Project Narrative - (Other Narrative...)	e42
Attachment - 1	e43
Attachment - 2	e44
Attachment - 3	e48
4. Budget Narrative - (Budget Narrative...)	e49
Attachment - 1	e50

This application was generated using the PDF functionality. The PDF functionality automatically numbers the pages in this application. Some pages/sections of this application may contain 2 sets of page numbers, one set created by the applicant and the other set created by e-Application's PDF functionality. Page numbers created by the e-Application PDF functionality will be preceded by the letter e (for example, e1, e2, e3, etc.).

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

08/12/2008

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Collier County Public Schools

* b. Employer/Taxpayer Identification Number (EIN/TIN):

59-6000557

* c. Organizational DUNS:

100012699

d. Address:

* Street1:

5775 Osceola Tr

Street2:

* City:

Naples

County:

Collier County Public Schools

* State:

FL: Florida

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

34109

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Patricia

Middle Name:

* Last Name:

Riley

Suffix:

Title:

Director

Organizational Affiliation:

* Telephone Number:

239-225-2500

Fax Number:

239-225-2559

* Email:

stepheth@collier.k12.fl.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

G: Independent School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

U.S. Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.287

CFDA Title:

Twenty-First Century Community Learning Centers

*** 12. Funding Opportunity Number:**

ED-GRANTS-070708-003

* Title:

High-Quality Supplemental Educational Services and After-School Partnerships Demonstration Program
CFDA 84.287N

13. Competition Identification Number:

84-287N2008-1

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Immokalee Florida

*** 15. Descriptive Title of Applicant's Project:**

SES-21st Century Partnership

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 14

* b. Program/Project: 1

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/01/2008

* b. End Date: 09/20/2011

18. Estimated Funding (\$):

* a. Federal	1,299,794.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,299,794.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Dennis

Middle Name:

* Last Name: Thompson

Suffix:

* Title: Superintendent

* Telephone Number: 239-225-2500 Fax Number: 239-377-0006

* Email: thompsd1@collier.k12.fl.us

* Signature of Authorized Representative: tom stephans * Date Signed: 08/12/2008

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]



U.S. DEPARTMENT OF EDUCATION

BUDGET INFORMATION

NON-CONSTRUCTION PROGRAMS

OMB Control Number: 1890-0004

Expiration Date: 06/30/2005

Name of Institution/Organization:
Collier County Public Schools

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

SECTION A - BUDGET SUMMARY
U.S. DEPARTMENT OF EDUCATION FUNDS

Budget Categories	Project Year 1(a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel	\$ 18,000	\$ 18,000	\$ 18,000	\$ 0	\$ 0	\$ 54,000
2. Fringe Benefits	\$ 7,000	\$ 7,000	\$ 7,000	\$ 0	\$ 0	\$ 21,000
3. Travel	\$ 800	\$ 800	\$ 800	\$ 0	\$ 0	\$ 2,400
4. Equipment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Supplies	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Contractual	\$ 403,420	\$ 410,724	\$ 407,651	\$ 0	\$ 0	\$ 1,221,795
7. Construction	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
8. Other	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
9. Total Direct Costs (lines 1-8)	\$ 429,220	\$ 436,524	\$ 433,451	\$ 0	\$ 0	\$ 1,299,195
10. Indirect Costs*	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
11. Training Stipends	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
12. Total Costs (lines 9-11)	\$ 429,220	\$ 436,524	\$ 433,451	\$ 0	\$ 0	\$ 1,299,195

***Indirect Cost Information (To Be Completed by Your Business Office):**

If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:

(1) Do you have an Indirect Cost Rate Agreement approved by the Federal government? Yes No

(2) If yes, please provide the following information:

Period Covered by the Indirect Cost Rate Agreement: From: ___/___/___ To: ___/___/___ (mm/dd/yyyy)

Approving Federal agency: ED Other (please specify): _____

(3) For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:

Is included in your approved Indirect Cost Rate Agreement? or, Complies with 34 CFR 76.564(e)(2)?



U.S. DEPARTMENT OF EDUCATION

BUDGET INFORMATION

NON-CONSTRUCTION PROGRAMS

OMB Control Number: 1890-0004

Expiration Date: 06/30/2005

Name of Institution/Organization:
Collier County Public Schools

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

SECTION B - BUDGET SUMMARY
NON-FEDERAL FUNDS

Budget Categories	Project Year 1(a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2. Fringe Benefits	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. Travel	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4. Equipment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Supplies	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Contractual	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Construction	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
8. Other	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
9. Total Direct Costs (lines 1-8)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
10. Indirect Costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
11. Training Stipends	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
12. Total Costs (lines 9-11)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

