

1287N48461

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Version 02

ORIGINAL

Application for Federal Assistance SF-424

* 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:

Latin American Youth Center

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

52-1023074

* c. Organizational DUNS:

038793675

d. Address:

* Street1:

1419 Columbia Road, NW

Street2:

* City:

Washington

County:

* State:

DC: District of Columbia

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

20009

e. Organizational Unit:

Department Name:

Latin American Youth Center

Division Name:

Educational Enhancement

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

Prefix:

Mrs.

* First Name:

Geraldine

Middle Name:

* Last Name:

Schafer

Suffix:

Title: Director of Educational Enhancements

Organizational Affiliation:

* Telephone Number:

202.319.2225

Fax Number:

202.462.5696

* Email:

gerry@layc-dc.org

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9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

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.):

Washington, DC

* 15. Descriptive Title of Applicant's Project:

LAYC???'s expanded and enhanced program will create an innovative, replicable model that effectively integrates SES and 21st CCLC to increase academic achievement of youth in reading and math.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="902,335.49"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="902,335.49"/>

* 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 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:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Authorized for Local Reproduction

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* 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 area for Applicant Federal Debt Delinquency Explanation]

**U.S. DEPARTMENT OF EDUCATION
BUDGET INFORMATION
NON-CONSTRUCTION PROGRAMS**

* Name of Institution/Organization

Latin American Youth Center

OMB Control Number: 1820-0018

Expiration Date: 02/28/2011

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	312,988.75	116,378.41	119,869.76			349,236.92
2. Fringe Benefits	16,948.31	17,456.76	17,980.46			52,385.53
3. Travel	9,600.00	9,600.00	9,600.00			28,800.00
4. Equipment	7,700.00	4,800.00	4,800.00			17,300.00
5. Supplies	18,000.00	18,000.00	18,000.00			54,000.00
6. Contractual	88,400.00	85,600.00	85,600.00			259,600.00
7. Construction						
8. Other	8,000.00	8,000.00	8,000.00			24,000.00
9. Total Direct Costs (lines 1-8)	261,637.06	259,635.17	263,850.22			785,322.45
10. Indirect Costs*	38,983.92	38,715.44	39,313.68			117,013.04
11. Training Stipends						
12. Total Costs (lines 9-11)	300,620.98	298,350.61	303,163.90			902,335.49

* 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: 10/01/2005 To: 09/30/2008 (mm/dd/yyyy)
 * Approving Federal agency: ED Other (please specify): Department of Health and Human Services

- (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(c)(2)?

ED Form No. 524

Tracking Number: GRANT10064965

Funding Opportunity Number: ED-GRANTS-070708-003 Received Date: 2008-08-12T10:12:23-04:00

Name of Institution/Organization
Latin American Youth Center

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	0.00	0.00	0.00			0.00
2. Fringe Benefits	0.00	0.00	0.00			0.00
3. Travel	0.00	0.00	0.00			0.00
4. Equipment	0.00	0.00	0.00			0.00
5. Supplies	0.00	0.00	0.00			0.00
6. Contractual	0.00	0.00	0.00			0.00
7. Construction	0.00	0.00	0.00			0.00
8. Other	0.00	0.00	0.00			0.00
9. Total Direct Costs (lines 1-8)	0.00	0.00	0.00			0.00
10. Indirect Costs	0.00	0.00	0.00			0.00
11. Training Stipends	0.00	0.00	0.00			0.00
12. Total Costs (lines 9-11)	0.00	0.00	0.00			0.00

SECTION C - BUDGET NARRATIVE (see instructions)

ED Form No. 524

