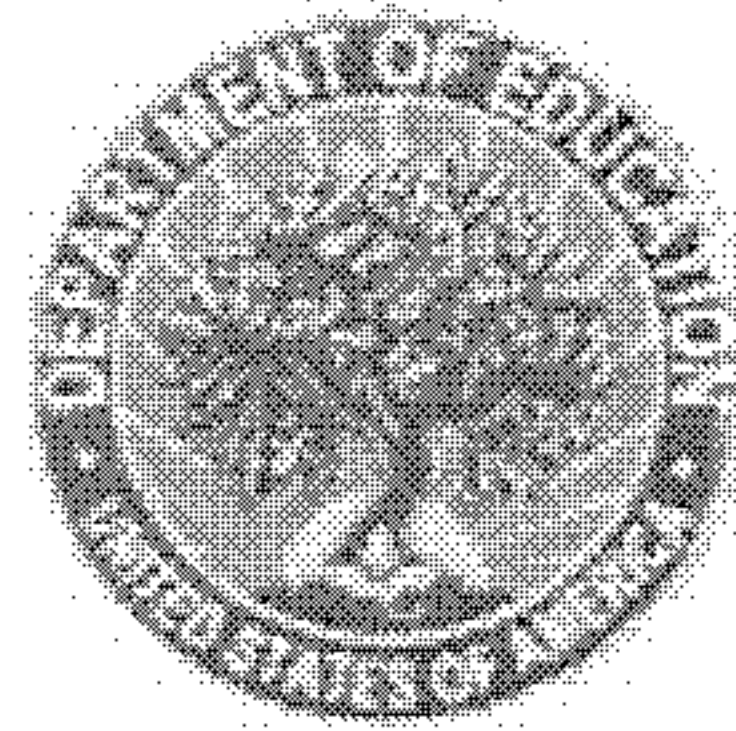


U.S. Department of Education

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 # U287N080019

Grants.gov Tracking#: GRANT10064934

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	e13
7. Dept of Education Supplemental Information for SF-424	e14

Narratives

1. Project Narrative - (Abstract Narrative...)	e15
Attachment - 1	e16
2. Project Narrative - (Project Narrative...)	e17
Attachment - 1	e18
3. Project Narrative - (Other Narrative...)	e44
Attachment - 1	e45
Attachment - 2	e48
Attachment - 3	e50
Attachment - 4	e51
4. Budget Narrative - (Budget Narrative...)	e52
Attachment - 1	e53

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:

Northwest Buffalo Community Center

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

16-1060168

* c. Organizational DUNS:

094175429

d. Address:

* Street1:

155 Lawn Avenue

Street2:

* City:

Buffalo

County:

* State:

NY: New York

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

14207

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name:

Larence

Middle Name:

T.

* Last Name:

Pernick

Suffix:

Jr.

Title:

Executive Director

Organizational Affiliation:

* Telephone Number:

716-876-8108

Fax Number:

* Email:

lpernickjr@aol.com

Application for Federal Assistance SF-424

Version 02

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.):

* 15. Descriptive Title of Applicant's Project:

Buffalo Area Supplemental Instruction Services (BASIS)

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

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="415,763.00"/>
* b. Applicant	<input type="text" value="(b)(4)"/>
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	

* 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:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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]

