Ohio | Department of Education

Mike DeWine, Governor
Dr. Stephanie K. Siddens, Interim Superintendent of Public Instruction

21st Century Community Learning Centers
Soaring Beyond Expectations

DOCUMENTATION OF NON-PUBLIC SCHOOL CONSULTATION

Applicant Name (Name of LEA or CBO)		**Contact Name**	
Applicant Address		**Phone Number**	
Applicant Email		**Fax Number** (if applicable)	

Nita M. Lowey 21CCLC Grant Program

In accordance with the federal Elementary and Secondary Education Act requirements, as amended, the following non-public school representatives were contacted. They were offered a genuine opportunity to express their view regarding the FY24 Request for Application. This opportunity was provided before ANY decision, that affects the opportunities of the students, teachers and other educational personnel from these non-public schools, became final – as part of this application.

Note: Signature below of the applicant's Superintendent/CEO or equivalent officer certifies that the Provision of Equitable Services section (of the FY24 21st CCLC Application) was read and the non-public schools were offered an opportunity to participate in the development of the application. The applicant is responsible to maintain documentation of non-public school contact and consultation, which is subject for review by the Ohio Department of Education's Office for Improvement and Innovation and the awarding federal agency. **Please provide one (1) completed and signed form for each eligible non-public that is consulted. Please click the link HERE for information on how to consult.**

Name of Consulted Non-Public School		**Non-Public School Contact Name**	
Address		**Phone Number**	
Email Address		**Fax Number** (if applicable)	
Date of Consultation:			
Brief Summary of Consultation:			
Outcome of Consultation:	☐ Yes, we will participate ☐ No, we will not participate	☐ No response from consulted non-public ☐ No eligible non-publics in attendance area/reasonable proximity	

Signature of Applicant

Name		**Signature**		**Date**	

Signature of Non-Public School Representative

Name		**Signature**		**Date**	