



**21st Century Community Learning Centers (21st CCLC)
Contact Information Form**

The Pennsylvania Department of Education and the Center for Schools and Communities will contact the individuals indicated on this form. It is the responsibility of the grantee to notify additional staff people of communication received from either agency and to contact PDE with any changes to this contact information as it occurs. Please note that we do not communicate with your contractors.

School District/Fiscal Agency _____

Unique 21st CCLC Site Name _____

Cohort 7 Cohort 8 Cohort 9

Name of Superintendent/CEO: _____

Title: _____

Physical Address: _____

City: _____ **State:** _____ **ZIP:** _____

Mailing Address: _____

City: _____ **State:** **ZIP:** _____

Phone: _____ **Fax:** _____

Email: _____

Website: _____

**Name of Fiscal Agent/Business
Manager:** _____

Title: _____

Physical Address: _____

City: _____ **State:** _____ **ZIP:** _____

Mailing Address: _____

City: _____ **State:** **ZIP:** _____

Phone: _____ **Fax:** _____

Email: _____

Website: _____

Name of Primary Program

Contact: _____

Title: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address: _____

City: _____ State: ZIP: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Name of Secondary Program

Contact: _____

Title: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address: _____

City: _____ State: ZIP: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Designate one individual from this form to be the Authorized Grantee User in the 21APR system:

Name: _____

Email: _____

This form was completed

by: _____

Position: _____

Date: _____