## Previous Sustainability Form

Existing 21st Century Community Learning Center programs are required to document efforts at sustainability according to federal law. This template serves as an opportunity for existing 21st Century Community Learning Centers grantees to document what partners have committed to support through financial contributions, in-kind donations, volunteer time, and other goods and services. **A lack of evidence of sustainability will be considered supplanting and will not be funded.**

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| --- |
| **Please describe** your existing sustainability efforts, including how existing partners are engaged, how potential sustainability partners are identified and engaged, and how your program will ensure efforts at continued partner engagement. This section should summarize your past five-year sustainability plan. This should be reflected in your narrative and budget. YOU MUST DOCUMENT SOME LEVEL OF SUSTAINABILITY TO AVOID SUPPLANTING.**ONLY PREVIOUSLY FUNDED 21st Century Grantees MUST fill out this form. If you had 21st CCLC funding in the past, you must complete this form.** |

Using the table below, **please indicate the level of sustainability** committed by partners over the past five years. Continued support from partners should be reflected in your budget and budget narrative. (Expand the form as needed to DOCUMENT your community partners from the previous grant).

How many years of funding did you receive? [ ] 10 years [ ]  5 years

Did you have a gap in funding before this application? [ ]  Yes [ ] No

If there was a gap in funding did you maintain your program for the children-

[ ]  At the same level [ ]  At a reduced level [ ]  The program ended

Provide a summary narrative of your previous 21st Century Community Learning Centers Grant work:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Partner Name | Length of Partnership | Contribution | Qty/Amt | Value |
|  |  | Financial |  |  |
| Does the program provide funding to the partner? Please provide the percentage. Please describe here:  |
| In-Kind |  |  |
| Please describe the contribution being made in detail: |
| Equipment and/or Supplies |  |  |
| Please describe contribution in detail: |
| Facilities |  |  |
| Please provide description of facilities contributed:  |
| Staff |  |  |
| Please describe what staff will be doing: |
| Volunteers |  |  |
| Please describe what volunteers will be doing:  |
| Background check for staff and volunteers: staff and volunteers must have background checks. Who pays for the background checks? Please describe: |
| Total Value of Partnership |  |
| Partner Name | Length of Partnership | Contribution | Qty/Amt | Value |
|  |  | Financial |  |  |
| Does the program provide funding to the partner? Please provide the percentage. Please describe here:  |
| In-Kind |  |  |
| Please describe the contribution being made in detail: |
| Equipment and/or Supplies |  |  |
| Please describe contribution in detail: |
| Facilities |  |  |
| Please provide description of facilities contributed:  |
| Staff |  |  |
| Please describe what staff will be doing: |
| Volunteers |  |  |
| Please describe what volunteers will be doing:  |
| Background check for staff and volunteers: staff and volunteers must have background checks. Who pays for the background checks? Please describe: |
| Total Value of Partnership |  |
| Partner Name | Length of Partnership | Contribution | Qty/Amt | Value |
|  |  | Financial |  |  |
| Does the program provide funding to the partner? Please provide the percentage. Please describe here:  |
| In-Kind |  |  |
| Please describe the contribution being made in detail: |
| Equipment and/or Supplies |  |  |
| Please describe contribution in detail: |
| Facilities |  |  |
| Please provide description of facilities contributed:  |
| Staff |  |  |
| Please describe what staff will be doing: |
| Volunteers |  |  |
| Please describe what volunteers will be doing:  |
| Background check for staff and volunteers: staff and volunteers must have background checks. Who pays for the background checks? Please describe: |
| Total Value of Partnership |  |
| Partner Name | Length of Partnership | Contribution | Qty/Amt | Value |
|  |  | Financial |  |  |
| Does the program provide funding to the partner? Please provide the percentage. Please describe here:  |
| In-Kind |  |  |
| Please describe the contribution being made in detail: |
| Equipment and/or Supplies |  |  |
| Please describe contribution in detail: |
| Facilities |  |  |
| Please provide description of facilities contributed:  |
| Staff |  |  |
| Please describe what staff will be doing: |
| Volunteers |  |  |
| Please describe what volunteers will be doing:  |
| Background check for staff and volunteers: staff and volunteers must have background checks. Who pays for the background checks? Please describe: |
| Total Value of Partnership |  |

What percentage of your previous grant funding were you able to sustain with community partners?

How many community partners did you secure in the past five years?

Explain any challenges you had with securing community partners.