

**Rhode Island 21<sup>st</sup> Century Community Learning Centers RFP**  
**Form 1. Application Cover Page (Required, Signed)**

**Primary Partners**

Please identify the primary partners on this application (see Section IV of the RFP for eligible applicants).

<b>Required Primary Partner: Local Education Agency (LEA)</b>	
LEA	Providence Public School District (PPSD)
Primary Contact for Application	Doris De Los Santos, Executive Director of Development, Partnership & Engagement
Telephone # of Primary Contact	(401) 456-9100
Email of Primary Contact	doris.delossantos@ppsd.org

<b>Required Primary Partner: Community-Based Organization (CBO)</b>	
CBO	New Urban Arts
Address	705 Westminster Street Providence, RI 02903
Main Telephone #	(401) 751-4556
Primary Contact for Application	Daniel Schleifer, Executive Director
Telephone # of Primary Contact	(401) 751-4556
Email of Primary Contact	daniel@newurbanarts.org

<b>Optional Primary Partner: Other Public or Private Entity</b>	
Organization	Trinity Academy of the Performing Arts (TAPA)
Address	150 Washington St, Providence, RI 02903
Main Telephone #	(401) 432-7881
Primary Contact for Application	Andrew MacMannis, Director of Learning Supports
Telephone # of Primary Contact	(401) 603-8715
Email of Primary Contact	Mr.Macmannis@TAPApvidence.org

**Lead Applicant/Fiscal Agent**

Please indicate which partner will serve as the lead applicant and fiscal agent. Please check only one.

- ☐ Local Education Agency  
☒ Community-Based Organization  
☐ Other Public or Private Entity

**Budget Request**

Please indicate the total budget amount requested for State Fiscal Year 2018 (July 1, 2017-June 30, 2018) under this Request for Proposals. This amount must match the total in Form 5.

\$260,000

**State Priority Area**

Please indicate whether you are applying under one of the State Priority Areas (see Section III of the RFP). Please check one or none, but not both.

- ☐ Early Foundations  
☒ Advanced Learning



**Target School(s)**

Please identify the target school(s) to be served by the grant, plus the grade span and number of students to be served at each (see Section IV of the RFP on eligible schools). Add additional rows, as needed.

Target School(s)	Grade Span Served	# of Students to be Served
Central High School	9-12	450
Classical High School	9-12	100
Trinity Academy of the Performing Arts	9-12	50

**Special Situations**

Please indicate whether any of the following special situations apply to your proposal. Please check all that apply.

☐ Target school(s) is served by an existing 21<sup>st</sup> CCLC (i.e. one already funded for SFY 2018).

☐ Applying for Unusual Costs (see Section V of the RFP).

☐ Applying to serve a specific subpopulation within the target school(s). Please specify:

☐ Applying to serve a smaller group of students not enrolled in the target school(s). Please specify:

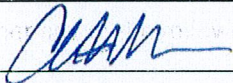
**Signatures**

Please include signatures from the appropriate authorized representatives of each primary partner.

*To the best of my knowledge, all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate at the time of submission.*

**Superintendent or other authorized representative of Local Education Agency (Required)**

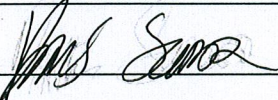
Name (printed) Christopher Maher, Superintendent, PPSP

Signature 

Date 04/13/17

**Executive Director, Chief Executive Officer, or other authorized representative of Community-Based Organization (Required)**

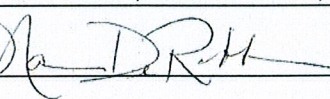
Name (printed) Daniel Schleifer, Executive Director, New Urban Arts

Signature 

Date 4/20/17

**Executive Director, Chief Executive Officer, other authorized representative of other public or private entity (Required if listed on page 1)**

Name (printed) Nanci DiRobbio, Head of School, TAPA

Signature 

Date 4/19/2017