

Department of Education & Workforce

CONTINUATION APPLICATION TRAINING

The purpose of today's training is to discuss changes to the continuation application and expectations for completing the application in the new ED STEPS system



Out of School Time Team



Jacqueline Cheadle

Southeast & Southwest Regions



Dr. Stacey Brinkley

Central Region



Tiffany Cartier-White

Northwest & Northeast Regions



Sheila Samson Fiscal Program Manager

3

Your Original Application is Your Program Plan

"The more things change..." Revisions to the FY26 Application

"The more things stay the same..." Required information Out with the Old, In with the New...Completing the Application in ED STEPS

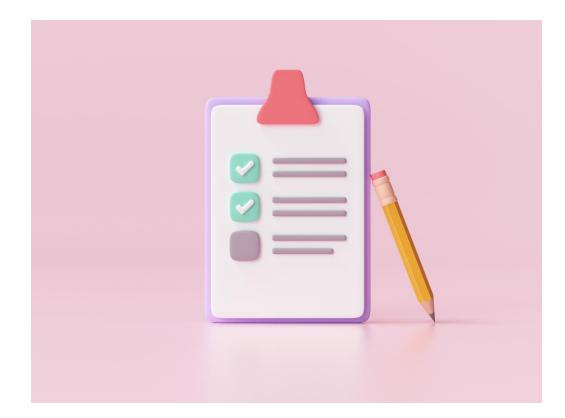


...IN WITH THE NEW – FY26 AWARD AMOUNTS

- Awards are pre-loaded in the ED STEPS One Funding Application System
- No waiting to know about FY26 budget amount
- Better alignment to your Continuation Application
- Budget amount determined by previous award year expenditures













Select Budget Level District (View Only)

U.S.A.S. Fund Number: 509

Expand All Collapse All

	100 Salaries	200 Retirement Fringe Benefits	400 Purchased Services	500 Supplies	600 Capital Outlay	800 Other	Total
= 1000 Instruction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1100 Regular Instruction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1300 Vocational Instruction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1900 Other Instruction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2000 Supporting Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2100 Support Services - Pupils	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2200 Support Services - Instructional Staff	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2400 Support Services - Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2500 Fiscal Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2600 Support Services - Business	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



> ✓ 5

Next

 \sim

Grant Application 2026 - 21st Century - Competitive Grant Morgan Local CTPD (200074) - Morgan County	
Back Dverview Budget Budget Narrative Application Questions Grant Documents Grant Assurance Review	
Action Steps This grant application requires that a One Plan is created. Please create a One Plan and add action steps or activities and align the fiscal resources with the plan year.	l
Select Applicant Test	/
Sections Hide Sections	
*Required ®Recommended LEA	
* 21st Century Budget Narrative	
Questions 🚯	_
Prev Section 21st Century Budget Narrative	
Questions Required @Recommend	d
*Question 1	
Include an explanation for each object code (according to the USAS manual) in the budget grid and how these expenditures align with the upcoming fiscal year's program objectives. Provide an itemized listing of anticipated expenditures by object code that aligns with the allocation budget grid for this grant.	

NOTE: A Local Evaluation is required annually. Therefore, expenditures towards evaluation services can be up to \$10,000 per fiscal year.

QUESTION 1 PRIMARY PARTNER INFORMATION

Sections Hide Sections							
(Recommended		LEA					
* 21st Century - Application Q	uestions	0					
Questions i							
Prev Section			21st	Century - Application Question	ns		Next Section
Questions							*Required ®Recommended
*10 *20 *30	40 \$50 \$60 \$70 \$80 \$9		0 *140 *210 *220	*230 *240			
*Question 1							
21st Century CONTINUING GR	ANTEE AND PARTNER INFORMATION						
Provide Current Primary Partne	r Contact Information below (if you are an LEA you	ur primary partner must be a CBO, and vice	versa):				
Primary Partner Name	Primary Partner Contact Telephone Number	Primary Partner Contact Email Address	Mailing Address	City	State	Zip Code	
Test	6143011876	stacey.brinkley@education.	25 S. Front Street	Columbus	Ohio	43215	



QUESTION 2 UPLOAD DOCUMENTS

Applicant:				
Applicant's Name:				
Applicant's Email Address:				
Address:				
City:	State: OH	Zin		
		- ip		
Applicant's IRN#:	_			
Applicant's Contact Name and Title:				
Applicant's Contact Telephone Number:)			_
Applicant's Signature:				
Date:// Primary Partner: Name of Primary Partner (If opplicant is an LE	A, the primary par	tner must b	e a CBO and vice	e versa):
Primary Partner:				
Name of Primary Partner (If applicant is an LE				
Primary Partner: Name of Primary Partner (If applicant is an LE Email Address of Primary Partner:				
Primary Partner: Name of Primary Partner (If applicant is an LE Email Address of Primary Partner: Address of Primary Partner: City:	State: (DH Zip		
Primary Partner: Name of Primary Partner (If opplicont is on LE Email Address of Primary Partner: Address of Primary Partner: City: Primary Partner's IRN# (If applicable):	State: (DH Zip		
Primary Partner: Name of Primary Partner (If applicant is an LE Email Address of Primary Partner: Address of Primary Partner: City: Primary Partner's IRN# (If applicable): Primary Partner's Contact Name and Title:	State: (ЭН Zip		
Primary Partner: Name of Primary Partner (If applicant is an LE Email Address of Primary Partner: Address of Primary Partner: City: Primary Partner's IRN# (If applicable): Primary Partner's Contact Name and Title: Primary Partner's Contact Telephone Numb	State: (DH Zip		
Primary Partner: Name of Primary Partner (If applicant is an LE Email Address of Primary Partner: Address of Primary Partner: City: Primary Partner's IRN# (If applicable): Primary Partner's Contact Name and Title:	State: (DH Zip		

Applicant Name (Na	ame of LEA of CBO):	Contact name, phone, email:
amended, the followi genuine opportunity to before ANY decision to personnel from these superintendent, CEO, read, and the nonpub responsible for maint	e federal Elementary an ng nonpublic school rej to express their views re hat affects the opportu- nonpublic schools bec or equivalent officer ce lic schools were offerer aining documentation	nd Secondary Education Act (ESEA) requirements, as presentatives were contacted. They were offered a agarding the program. This opportunity was provide nities of the students, teachers, and other education: ame final. Note: Signature below of the applicant is an opportunity to participate. The applicant is of nonpublic school contact and consultation, which
consulted.	ease provide one comp	pleted and signed form for each eligible nonpublic
Name of Consulted	Nonpublic School:	Nonpublic School Contact Name:
Address:		Phone Number:
Email Address:		Fax Number (if applicable):
		Fax Number (if applicable):
Email Address: Date of Consultation:		Fax Number (if applicable):
Date of Consultation: Brief Summary of		Fax Number (if applicable):
Date of Consultation: Brief Summary of Consultation:	 Yes, we will particip 	
Date of Consultation: Brief Summary of Consultation: Outcome of	 No response from of 	sate.
Date of Consultation: Brief Summary of Consultation:	 No response from o No, we will not par 	sate.
Date of Consultation: Brief Summary of Consultation: Outcome of	No response from o No, we will not par No eligible nonpub	sate. consulted nonpublic. tricpate.
Date of Consultation: Brief Summary of Consultation: Outcome of Consultation:	No response from o No, we will not par No eligible nonpub	sate. consulted nonpublic. tricpate.
Date of Consultation: Brief Summary of Consultation: Outcome of Consultation: Signature of Applicat	No response from on No, we will not par No, we will not par No eligible nonput	oate. consulted nonpublic. ticpate. dic in attendance area/reasonable proximity Date:
Date of Consultation: Brief Summary of Consultation: Outcome of Consultation: Signature of Applicat	No response from o No, we will not par No eligible nonput nt:	oate. consulted nonpublic. ticpate. dic in attendance area/reasonable proximity Date

21st Century Community Learning Centers (CCLC) PERFO	DRMANCE MEASURES			
	relationships with other community-based organizations and local education agencies that t in strengthened implementation of the 21st CCLC program.			
Dbjective 2: Ohio's 21st CCLC programs will deliver high quality programs with evidence-based educational and developmental services that positively iffect student outcomes in school attendance, academic performance and behavior.				
Objective 3: Ohio's 21st CCLC programs will ensure the o school day.	ut of school activities target the student's academic needs and align with instruction during the			
Objective 4: Ohio's 21st CCLC program will deliver evidence-based educational development opportunities that promote family involvement and family literacy, and result in family members engaging in their children's learning, - either at home, at programs sponsored by the center, or elsewhere - in ongoing and meaningful ways.				
Objective 5: Participants in Ohio's 21st CCLC programs w	ill demonstrate educational and social benefits and positive behavioral changes.			
career and post-secondary pathway maps.	nce-based opportunities for participants to explore careers, occupational identities, and draft			
career and post-secondary pathway maps. 21st Century Applicant and Primary Partner Information				
career and post-secondary pathway maps. 21st Century Applicant and Primary Partner Information				
career and post-secondary pathway maps. 21st Century Applicant and Primary Partner Information Provide Primary Partner Contact Information below (if y Primary Partner Name:	rou are an LEA your primary partner must be a CBO, and vice versa): Mailing Address:			
career and post-secondary pathway maps. 21st Century Applicant and Primary Partner Information Provide Primary Partner Contact Information below (if y Primary Partner Name: Columbus City Schools City:	rou are an LEA your primary partner must be a CBO, and vice versa): Mailing Address: 270 East State St			
career and post-secondary pathway maps. 21st Century Applicant and Primary Partner Information Provide Primary Partner Contact Information below (if y Primary Partner Name: Columbus City Schools City: Columbus	rou are an LEA your primary partner must be a CBO, and vice versa): Mailing Address: 270 East State St State:OH			
career and post-secondary pathway maps. 21st Century Applicant and Primary Partner Information Provide Primary Partner Contact Information below (if y Primary Partner Name: Columbus City Schools City: Columbus 43215 Zip: Primary Partner Contact Telephone Number (XXX-XXX- XXX):	rou are an LEA your primary partner must be a CBO, and vice versa): Mailing Address: 270 East State St State:OH			



ORIGINAL APPLICATION PDF

Click <u>here</u> to access the video instructions to download your original application PDF



QUESTION 3 – ACCESSIBILITY





QUESTIONS 4 - 7 - PROGRAM OUTREACH & INFORMATION SHARING

*Question 4
PROGRAM OUTREACH AND INFORMATION SHARING
Describe how the applicant will disseminate information to the community about the Community Learning Center in an understandable and accessible manner.
0 /500 Max Character Count
*Question 5
Describe how the applicant will evaluate and address community needs.
0 /500 Max Character Count
*Question 6
Enter the total number of students served last school year that regularly attended (30 days or more).
*Question 7
Please provide recruitment strategies that will be used to maintain the number of students as described on your initial grant application.
0 /500 Max Character Count



QUESTIONS 8-11 PROGRAM DESIGN

*Question 8
PROGRAM DESIGN
Mark all boxes which are applicable.
Program activities will be held BEFORE school. Program activities will be held AFTER school.
*Question 9
Please indicate the grant option.
Option 1 (Expanded Learning Time grade level Programming during the day for ALL students in the building) Option 2 (Elementary School grade level Programming) Option 3 (Middle/High School grade level Programming with a focus on College and Career Readiness and/or Dropout Prevention)
*Question 10
21st CCLC grantees must primarily serve schools that receive Title I funding to help disadvantaged students meet state academic standards. Please list the names of Title I funded buildings here.
0 /500 Max Character Count
*Question 11
Check all of the grade spans served:
Program will serve Pre-kindergartners. Program will serve 1st graders. Program will serve 2nd graders. Program will serve 3rd graders. Program will serve 6th graders. Program will serve 7th graders.
Program will serve 8th graders. Program will serve 9th graders. Program will serve 10th graders. Program will serve 11th graders. Program will serve 12th graders.



QUESTIONS 12-14 PROGRAM DESIGN

*Question 12	
What is the program start and end date?	
Program Start Datemm/dd/yyyy	Program End Date mm/dd/yyyy
Invalid Date.	Invalid Date.
*Question 13	
What are the total hours per week?	
IMPORTANT NOTE: Programs that serve elementary sch OEDS-R building designated of "Middle or High School"	tool students e.g. K-5, K-6, K8, and/or K12 includes elementary grade levels) must operate at least 15 hours a week. Middle and high school programs (6-12) must operate at least 12 hours a week. A program with an OEDS-R building designation of "Elementary School" must operate a minimum of 15 hours per week, and programs with an 'must operate a minimum of 12 hours per week. A program with an OEDS-R building designation of "Elementary School" must operate a minimum of 15 hours per week, and programs with an 'must operate a minimum of 12 hours per week.
*Question 14	
How many sites will be served under this grant? Please	select only one checkbox for the number of sites.
(1) One (2) Two (3) Three	



QUESTION 15-20 PROGRAM DESIGN (cont.)

*Question 17						
Site Two- Insert Program Site Loca	ation Information					
Site Coordinator Name:						
0 /500 Max Character Coun	*					ĥ
Site Coordinator Email:	Site Location Name:	Site Two Address:	City:	State:	Zip:	County of Site Location:
*Question 18						
Site Two- Licensed Status and Prin	nary Grant Partner					
Please select one of the options belo	ow.					
Licensed Youth De	evelopment Exemption: By checking	this box, you attest that your progra	im meets the requirements under O	hio Revised Code 5104.02(B)(8).		
Who (Grantee or Primary Grant Parti	ner) will operate/run your 21st Centi	ury program activities daily during o	perational hours referenced above?	Enter the name of the organization	here.	



QUESTION 21 SUMMER PROGRAM

*Question 21						
SUMMER PROGRAM						
Enter Start Date mm/dd/yyyy	Enter End Date mm/dd/yyyy					
Invalid Date.	Invalid Date.					



QUESTION 22 PROGRAM GOAL

*Question 22

PROGRAM GOAL

Please share a program goal from the previous year and strategies employed to meet the goal.

0 /500 Max Character Count



QUESTION 23 LOCAL EVALUATOR INFORMATION

*Question 23

LOCAL EVALUATOR INFORMATION

Please identify the local evaluator for this grant.

Name:	Email Address:	Phone Number:



QUESTION 24 – RENEWABILITY

*Question 24

RENEWABILITY

Please be advised Ohio does not offer a renewal application process, therefore, applicants who are awarded a 21st CCLC grant will be a five-year grant provided they ensure all programmatic and financial obligations are met.



OTHER IMPORTANT INFORMATION

- Important Dates
- Consultant Review
- External Community Partnerships Listing





IMPORTANT DATES

May 14, 2025: Application opens

June 4, 2025: Application closes at 5 p.m.

July 1, 2025: FY26 grant period begins June 30, 2026: FY26 grant period ends





CONSULTANT REVIEW



- All sections of the Continuation Application
- Uploaded Documents
- All Non-compliance Issues Are Resolved



EXTERNAL COMMUNITY PARTNERSHIPS LISTING

Department required to provide list of prescreened external organizations

Prescreened organizations included on NEW External Community Partnership Listing

Prescreened list posted on 21st CCLC webpage

Next application period dates:



Valerie Kunze

Administrator, Office of Whole Child Supports





QUESTIONS?

EDUCATION.OHIO.GOV



Department of Education & Workforce





CONTACTS

Stacey Brinkley, Central Region <u>stacey.brinkley@education.ohio.gov</u> 614-752-1368

Tiffany Cartier, Northeast and Northwest <u>tiffany.cartier@education.ohio.gov</u> 614-466-4835

Jackie Cheadle, Southeast and Southwest <u>Jacqueline.cheadle@education.ohio.gov</u> 614-728-7735

Valerie Kunze, Administrator <u>valerie.kunze@education.ohio.gov</u> 614-466-5570

Sheila Samson, Fiscal Manager <u>Sheila.samson@education.ohio.gov</u> 614-644-2345 **Department of** Education &

Workforce



Department of Education & Workforce

EDUCATION.OHIO.GOV