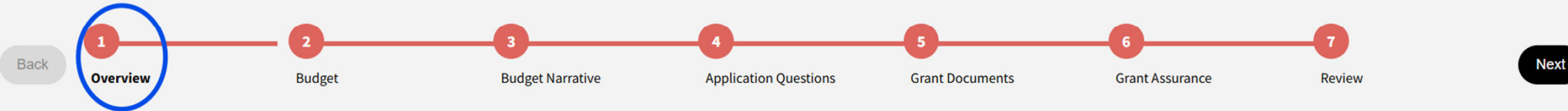




**Department of
Education &
Workforce**

Grant Application

2027 - 21st Century - Competitive Grant
Columbus City Schools District (043802) - Franklin County



H

Current Status

Application Not Started

In Progress

Validation Results

Errors: 0

Warnings: 0

Substantially Approved Date:

Revision Effective Date:

Indirect Cost Rate: 0.00%

[View Grant Award Notice](#)

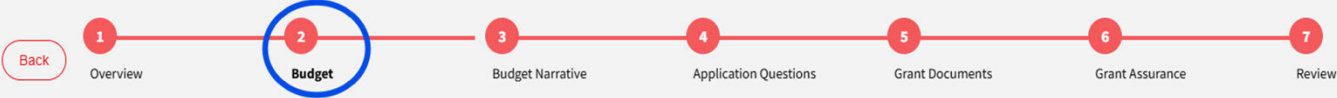
Allocations

Category	Amount
Original	\$100,000.00
Adjusted Allocation Total	\$100,000.00



Grant Application

2026 - 21st Century - Competitive Grant
Morgan Local CTPD (200074) - Morgan County



Select Budget Level
District (View Only) ▼

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

Expand All

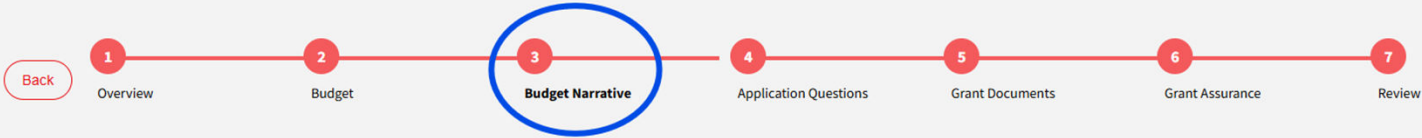
Collapse All

	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



Grant Application

2026 - 21st Century - Competitive Grant
Morgan Local CTPD (200074) - Morgan County



Next

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.

Select Applicant
Test

Sections [Hide Sections](#)

* Required @ Recommended LEA

* 21st Century Budget Narrative

Questions [i](#)

Prev Section

21st Century Budget Narrative

Next Section

Questions * Required @ Recommended

* 1

* 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: Food and grant writer fees are unallowable under this grant.

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

Grant Application

2027 - 21st Century - Competitive Grant - Revision 1
Columbus City Schools District (043802) - Franklin County



Select Applicant
Test- Stacey

Sections [Hide Sections](#)

* Required ☒ Recommended

LEA

* 21st Century - Application Questions

Questions [i](#)

Prev Section

21st Century - Application Questions

Questions

- * 1
- * 2
- * 3
- * 4
- * 5
- * 6
- * 7
- * 8
- * 9
- * 10
- * 11
- * 12
- * 13
- * 14
- * 15
- * 16
- * 17
- * 18
- * 19
- * 20
- 21
- * 22
- * 23



QUESTION 1 PRIMARY PARTNER INFORMATION

* Required ⓘ Recommended

LEA

* 21st Century - Application Questions ⓘ

Questions ⓘ

Prev Section

21st Century - Application Questions

Next Section

Questions ⓘ

* Required ⓘ Recommended

* Question 1 ⓘ

21st Century CONTINUING GRANTEE AND PARTNER INFORMATION

Provide Current Primary Partner Contact Information below (if you are an LEA your 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	DEW Issued IRN
New Beginnings for All, Inc	6143961037	newbeginnings@all.com	5678 E Main Street	Columbus	000123
Zip Code	Grant ID Number				
43209	54321				

If you have a primary partner that does not have a DEW-issued IRN, please enter "999999."

QUESTION 2 UPLOAD DOCUMENTS

ASSURANCES SIGNATURES:

Applicant:
Applicant's Name: _____
Applicant's Email Address: _____
Address: _____
City: _____ State: OH Zip: _____
Applicant's IRIN#: _____
Applicant's Contact Name and Title: _____
Applicant's Contact Telephone Number: (____) _____-_____
Applicant's Signature: _____
Date: ____/____/____

Primary Partner:
Name of Primary Partner (If applicant is an LEA, the primary partner must be a CBO and vice versa): _____
Email Address of Primary Partner: _____
Address of Primary Partner: _____
City: _____ State: OH Zip: _____
Primary Partner's IRIN# (If applicable): _____
Primary Partner's Contact Name and Title: _____
Primary Partner's Contact Telephone Number: (____) _____-_____
Primary Partner's Signature: _____
Date: ____/____/____

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Nonpublic Consultation Form
DOCUMENTATION OF NONPUBLIC SCHOOL CONSULTATION

Applicant Name (Name of LEA or CBO):	Contact name, phone, email:
_____	_____

NITA M. LOWEY 21ST CCLC GRANT PROGRAM
In accordance with the federal Elementary and Secondary Education Act (ESEA) requirements, as amended, the following nonpublic school representatives were contacted. They were offered a genuine opportunity to express their views regarding the program. This opportunity was provided before ANY decision that affects the opportunities of the students, teachers, and other educational personnel from these nonpublic schools became final. Note: Signature below of the applicant's superintendent, CEO, or equivalent officer certifies the Provision of Equitable Services section was read, and the nonpublic schools were offered an opportunity to participate. The applicant is responsible for maintaining documentation of nonpublic school contact and consultation, which is subject for review. **Please provide one completed and signed form for each eligible nonpublic consulted.**

Name of Consulted Nonpublic School:	Nonpublic 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 response from consulted nonpublic.
☐ No, we will not participate.
☐ No eligible nonpublic in attendance area/reasonable proximity.

Signature of Applicant:
Name: _____ Signature: _____ Date: _____

Signature of Nonpublic School Representative:
Name: _____ Signature: _____ Date: _____

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Application
_____, Franklin County - 2024 - 21st Century - Rev 1 - 21st Century - Application Number: _____

21st Century Community Learning Centers (CCLC) PERFORMANCE MEASURES

Objective 1: Ohio's 21st CCLC will establish and maintain relationships with other community-based organizations and local education agencies that provide ongoing partnerships of mutual support and result in strengthened implementation of the 21st CCLC program.

Objective 2: Ohio's 21st CCLC programs will deliver high quality programs with evidence-based educational and developmental services that positively affect student outcomes in school attendance, academic performance and behavior.

Objective 3: Ohio's 21st CCLC programs will ensure the out of school activities target the student's academic needs and align with instruction during the school day.

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 will demonstrate educational and social benefits and positive behavioral changes.

Objective 6: Ohio's 21st CCLC programs will deliver evidence-based opportunities for participants to explore careers, occupational identities, and draft career and post-secondary pathway maps.

21st Century Applicant and Primary Partner Information

Provide Primary Partner Contact Information below (if you are an LEA your primary partner must be a CBO, and vice versa):

Primary Partner Name: Columbus City Schools	Mailing Address: 270 East State St
City: Columbus	State: OH
43215 Zip:	Primary Partner Contact Email Address: superintendent@columbus.k12.oh.us
Primary Partner Contact Telephone Number (XXX-XXX-XXXX): 614-365-5888	

PARTNERSHIP AGREEMENT (REQUIRED)
Please upload a completed and signed copy of your Partnership Agreement by clicking the Upload Documents link below (See Appendix C of the 21st CCL template from the 21st Century tab of the Competitive Funding Application section).

[Click here to access video instructions to download your original application PDF from the CCIP system.](#)



QUESTION 3 – ACCESSIBILITY

*Question 3

ACCESSIBILITY

Describe how the applicant will serve students where programming is not accessible or expand access to high-quality services available in the community.

0

/500 Max Character Count



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

2026-2027 SCHOOL YEAR 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 Kindergartners. ☐ Program will serve 1st graders. ☐ Program will serve 2nd graders. ☐ Program will serve 3rd graders. ☐ Program will serve 4th graders. ☐ Program will serve 5th 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? Programs should start within two weeks of the first day of school in the school served and continue operations as close to the end of the school year as possible.

Program Start Date Program End Date

*Question 13 

What are the total hours per week?

IMPORTANT NOTE: Programs that serve elementary school 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 OEDS-R building designated of 'Middle or High School' 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 15



Site One- Insert Program Site Information

Site Coordinator Name:	Site Coordinator Email:	Site Location Name:	Site One Address:	City:	DEW Issued IRN	Zip:	County of Site Location:
Rogers Nelson	prince2u@purple.com	Paisley Park	1978 Foryou Way	Columbus	123	43215	OH

*Question 16



Site One- Licensed Status and Primary Grant Partner

Please select one of the options below.



Licensed

Please enter your current license number here.

22233344400



Youth Development Exemption: By checking this box, you attest that your program meets the requirements under Ohio Revised Code 5104.02(B)(8).

Who (Grantee or Primary Grant Partner) will operate/run your 21st Century program activities daily during operational hours referenced above? Enter the name of the organization here.

Paisley Park



QUESTION 21 SUMMER PROGRAM

Question 21



SUMMER 2027 PROGRAM

Summer 2027 programs are optional for all programs.

Enter Start Date

Enter End Date

If you will not offer summer programming, leave the dates blank. An "invalid date" warning will appear beneath each date, however, you will still be able to submit your completed application.



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 PROGRAM MANAGER INFORMATION

*Question 23



PROGRAM MANAGER INFORMATION

All programs should have an assigned Program Manager for the grant. This person receives all program communications and should be assigned the Program Manager - 21st Century Grant role in OEDS.

Name:

Email Address:

Phone Number:

Stacey K. Brinkley, Ph.D.

stacey.brinkley@education.

6143011876

Is your assigned Program Manager new to this grant in 2026? ☒ Yes ☐ No

CONTACTS

Trisha Barnett, Assistant Administrator
trisha.barnett@education.ohio.gov
614-324-7646

Stacey Brinkley
stacey.brinkley@education.ohio.gov
614-752-1368

Valerie Kunze, Chief
valerie.kunze@education.ohio.gov
614-466-5570

Sheila Samson, Fiscal Manager
Sheila.samson@education.ohio.gov
614-644-2345





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