Click to enter **Date**

Click to enter **Name of subgrantee and contact information**.

Dear Click to enter **Name of private school or private school contact**,

Click to enter Subgrantee name is a applying for a federally funded 21st Century Community Learning Centers grant (21st CCLC or Title IV-B). This grant supports the creation of community learning centers that will provide academic enrichment opportunities during non-school hours for children. The program helps students make improvements in core academic subjects, such as reading and mathematics; offers students a broad array of enrichment activities that can complement their regular academic programs; and offers literacy and other educational services to the families of participating children.

As part of our application for the 21st CCLC grant, we must conduct a community needs assessment. We are reaching out to schedule a meeting with you so that we can learn about your students and their families’ specific needs so that we can include their needs in our application and program design. Grants are awarded by the Oregon Department of Education (ODE) on a competitive basis, and applying for a grant does not guarantee that we will be a grant recipient.

If we are selected as a grant recipient, we may be able to provide services to private school students and their families through a program called equitable services. Private schools may choose to participate or choose to not participate in 21st CCLC equitable services. We will contact you later this year if we are chosen as a grant recipient so that we can conduct 21st CCLC equitable services consultation. We will consult with you even if you choose not to participate in the needs assessment.

We would like to meet with you on Click to enter **Date of meeting** at Click to enter **Time of meeting**. Click to enter **Meeting** l**ocation information or virtual meeting information**.

Please **complete and return the Participation in Needs Assessment form** on page 2, even if you do not want participate in the needs assessment process as this will help us plan for the meeting. The **deadline** for your response is Click to enter **Deadline date**.

Sincerely,

Click to **Add signature**

**Page 2 - Participation in 21st CCLC Needs Assessment**

**Please indicate your intent to participate (please check one)**:

[ ] Yes, we will attend 21st CCLC Needs Assessment meeting.

[ ] We are interested in participating in the 21st CCLC Needs Assessment but need to request an alternate meeting time.

[ ] No, we will not attend the 21st CCLC Needs Assessment meeting.

Please return this completed form, or direct questions to Click to insert **Name of subgrantee contact** by mailing to Click to insert **Subgrantee mailing address** or emailing to Click to enter **Subgrantee email address**.

**Private School Information**

**School Name:** Click or tap to enter private school name.

**Contact Name and Title:** Click or tap to enter private school contact name and title.

**Phone:** Click or tap to enter phone number. **Email:** Click or tap to enter email address.

**Signature:** Click or tap to sign name. **Date:** Click or tap to enter a date.