

# System of Support for Expanded Learning 2021-22 Renewal Application

## Form 1–Cover Page

Please see section V. APPLICATION SUBMISSION of the System of Support for Expanded Learning Renewal Application 2021-22 for instructions on application submission.

Name of County Office of Education (COE): \_\_\_\_\_

Region Number: \_\_\_\_\_

County Number: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_

Professional Title of Authorized Agent: \_\_\_\_\_

COE Address: \_\_\_\_\_

COE City, State, Zip Code: \_\_\_\_\_

COE Telephone Number: \_\_\_\_\_

COE E-mail Address: \_\_\_\_\_

Name of County Contact Person: \_\_\_\_\_

**Complete County Contact section below if information differs from above.**

County Name Where County

Contact Person Can Be Located: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature of Authorized Designee: \_\_\_\_\_