

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: _____

Region Number: _____

County Number: _____

Name of Authorized Agent: _____

Professional Title of Authorized Agent: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

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: _____