



School Year and Supplemental Funds
SFUSD: ExCEL After School Programs
CONSULTANT CONTRACT REQUEST FORM

IMPORTANT: Our department will automatically calculate the breakdown of 5100/5803 for your site.

Please submit this completed form to *Beatrice Hernandez de Montecino* at Hernandezdemontecinob@sfusd.edu to begin contract with a Lead Agency to implement after school or summer program services using After School Education & Safety (ASES) grant.

Complete the following:

School Principal/Administrator:
 Lead Agency: Address /City/State/Zip Agency Phone:

Funding Year: FY 18-19 Award Amount: \$

Fund Types

After School Education and Safety (ASES) **Base**Amount Allocated to Lead Agency (5100/5803) \$

After School Education and Safety (ASES) **Supplemental**..... Amount Allocated to Lead Agency (5100/5803) \$

21st Century Community Learning Center (21st CCLC)/**Equitable Access**.....Amount Allocated to Lead Agency (5100/5803) \$

21st Century Community Learning Center (21st CCLC)/(ES/MS) – **Base**Amount Allocated to Lead Agency (5100/5803) \$

21st Century Community Learning Center (21st CCLC)/(ES/MS) – **Supplemental**...Amount Allocated to Lead Agency (5100/5803) \$

21st CCLC After School Safety and Enrichment for Teens (ASSETs) (**HS**).....Amount Allocated to Lead Agency (5100/5803) \$

SFUSD Backfill..... Amount Allocated to Lead Agency (5100/5803) \$

Base amount Amount left in district..... \$

Are any of Contractor's employees (or owners) ALSO current SFUSD employees/Board members within the last one year? Yes No

Does your agency plan to hire SFUSD employees with agency funds? Yes No

If you answered yes to either questions above, complete the table below

Name of current SFUSD employees/Board members or former SFUSD employees/Board members within the last two years, who is ALSO Contractor's employee (or owner):	ASP Position	Job Title at SFUSD	Date on which individual left SFUSD employment/Board Or if the individual is currently an SFUSD employee/Board
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Important NOTE: If you are splitting the site allocation to more than one agency please submit a CCR for each agency.

Print Name

Print Name

Principal/Administrator's Signature (print/sign)

Consultant's Signature