



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/Administration:

Lead Agency: Address /City/State/Zip: Agency Phone :

Funding Year: FY 20 -21	
Award Amount: \$ <input type="text"/>	
Fund Type	
<input type="checkbox"/> After School Education and Safety (ASES) Base	Amount Allocated to Lead Agency (5100/5803) <input type="text"/>
<input type="checkbox"/> After School Education and Safety (ASES) Supplemental	Amount Allocated to Lead Agency (5100/5803) <input type="text"/>
<input type="checkbox"/> 21 st Century Community Learning Center (21 st CCLC)/ Equitable Access	Amount Allocated to Lead Agency (5100/5803) <input type="text"/>
<input type="checkbox"/> 21 st Century Community Learning Center (21 st CCLC)/ (ES/MS) – Base	Amount Allocated to Lead Agency (5100/5803) <input type="text"/>
<input type="checkbox"/> 21 st Century Community Learning Center (21 st CCLC)/ (ES/MS) – Supplemental	Amount Allocated to Lead Agency (5100/5803) <input type="text"/>
<input type="checkbox"/> 21 st CCLC After School Safety and Enrichment for Teens (ASSETs) (HS).....	Amount Allocated to Lead Agency (5100/5803) <input type="text"/>
<input type="checkbox"/> SFUSD Backfill.....	Amount Allocated to Lead Agency (5100/5803) <input type="text"/>
<input type="checkbox"/> DCYF Equitable Access.....	Amount Allocated to Lead Agency (5100/5803) <input type="text"/>
<input type="checkbox"/> Base amount Amount left in district.....	\$ <input type="text"/>

Are any of Contractor's employees (or owners) ALSO current SFUSD employees/Board members within the last two years? 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

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

Principal/Administrator's Signature

Consultant's Signature