# Addendum B - EQUITABLE PARTICIPATION OF PRIVATE SCHOOLS

Documentation of Consultation Regarding Non-Public School Participation

**Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The equitable participation requirements in Subpart 1 of Part E of Title IX also apply to Title IV, Part B 21st CCLC programs. Private school participation requirements cannot be satisfied simply by inviting private schools to participate in programs and/or activities designed for public school students, teachers or other educational personnel. **Consultation with non-public school administrators must occur in a** **timely and meaningful way during the design and development of the program** andbefore the applicant or grantee makes any decision that affects the opportunities of eligible private school children, families, teachers, and other educational personnel. School districts and eligible local entities are mandated to consult with non-public school administrators about the needs of non-public school students who meet the eligibility requirements of the target population and how those needs can be best addressed by the 21st CCLC programs. Further each grantee must provide the Department of Elementary and Secondary Education with a written affirmation that such consultation has occurred. For more information, refer to the [U.S. Department of Education's Non-Regulatory Guidance](http://www.ed.gov/policy/elsec/guid/equitableserguidance.doc).

We certify the following non-public school representatives were contacted. They were offered a genuine opportunity to participate in planning and designing the 21st CCLC grant application and no final decisions were made prior to their being contacted.

By signing below the Applicant Superintendent or Equivalent Officer certifies that non-public schools were offered an opportunity to participate in the development of the application.

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| --- | --- | --- | --- |
| **NAME OF NON-PUBLIC SCHOOL CONTACTED** | **CONTACT PERSON’S NAME AND TELEPHONE NUMBER** | **YES**  **Would like to participate** | **NO**  **Will not participate** |
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**(Use additional sheets as necessary and please sign each sheet.)**

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**Signature of Applicant Superintendent or Equivalent Officer Date**