Preparing the Title IV, Part B – 21st CCLC Annual Report





Creating an Annual Report

All budgets, claims, annual reports, and supporting documentation are accepted only through the Grants Management System (GMS) on Single Sign-On.

- Log into Single Sign-On.
- Select Grants Management and Expenditure Reporting.
- Select GMS Access / Select.



OKLAHON State Department o	LA f Education	Single Sign On
☆ Home / Applicatio ⓓ About This Site ⓓ Links And Docs	ns Welcome to the new Single Sign On system. If you have an existing username and password for the previous Single Sign On system you may use that here. If you do not have an account you may create one now using the low.	is the
₽ Sign In	If you are having trouble signing in please click the link below to recover your username or password. If you need assistance please contact the OMES Help Desk at (405) 521-2444 or at (866) 521-2444. Username:	Log-in from Single Sign On deweb01.sde.ok.gov/SSO2/Signin.aspx

	A Home / Applications	Home / Applications	
	 Your Account About This Site Links And Docs Sign Out 	Applications Accountability (A-F Report Cards)	These are your current applications
		SDEAdmin - SDE Administrators	
		Grants Management and Expenditure Reporting	
Click on Grants Managemer	nt 🧹	SDE View Only	
and Expenditure Reporting		Oklahoma Educator Credentialing System DOEREAD - OSDE Read Only	
		School Percennel Records EV 2009	





Menu List

Select GMS Access/Select for Grant Applications

Administrative



Non-Funded Data Collections

To report an error or for technical assistance with GMS, contact: Federal Programs - Email: Nancy.Hughes@sde.ok.gov Special Education - Email: Karen.Howard@sde.ok.gov School Support - Email: Zada.Sery@sde.ok.gov

21st Century - Email: Sonia.Johnson@sde.ok.gov

Competitive - Email: Shelly.Perkins@sde.ok.gov

OKLAHOMA Education

Sign Out

	State Departmen	t of Education				Click to	Return to Menu List	/ Sign Out
ی_ his is the firs ee. The list m deper	t screen you will ay look different	Select correct fiscal yea	۹۲ g Summary		Alloc	ation Notices		
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ID	EA							
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	IDEA Consolidated Application	Original Application Sinal Approved 9/24/2019	Open	Amend	Review	Paymen s	Delete Applicat	1
	LEA Agreement	Amendment 1 Sinal Approved 7/19/2019	Open	Amend	Review		Delete Applicat	1
	Spec Ed Professional Dev OSDE Sponsor - Proj 613	Amendment 1 Changes	Open	Amend	Review	Paymen s	Delete Applicat	I
	Spec Ed PD District -Proj 615	Amendment 1 S Final Approved 12/11/2019	Open	Amend	Review	Paymens	Delete Applicat	
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🕨 Avai	ilable			
Consol	idated Plan			
	Schoolwide			
	Trunched Accietance	Click the carrot	Click Create	
	Targeted Assistance	_	Project	
21st Co	entury 21st Century Annual Report			Submissions due by 6/30/2020
IDEA				Create Project
	Certification Examination - Pro	oj 616	Submissions due by 9/30/2020	Create
Federa	l Programs			
	FY20 CARES - Act		Submissions due by 6/30/2020	Create
School	Support			
	School Improvement 1003a		Submissions due by 9/30/2020	Create
Curricu	ulum and Instruction			
	Title IV Part A Funded Project		Submissions due by 9/30/2020	Create
TESTvm	user ID: SDE Administrator (Cl	HEROKEEREP)		
3		-	$\langle \cdot \rangle$	







OKLA	HOMA Department of Educa	ation									
Applicant: Application: Cycle: Application Due Date:	2019-2020 21st Century Original Application 6/30/2020	- Annual Report -		Projec	ct Period: 7/1/2019 - 6/30/2	020	Click to Return to Click to Return to	Ury Annual Report Printer-Friendly GMS Access/Select Page rn to Menu List / Sign Out			
Overview Con	tacts Schedule	Summary	Improvement Planning	OSDE Support	Supporting Documentation	Submit	Application History	Application Print			
Contact Information * Denotes requi Superintendent Name Address 1* Address 2 City* Phone* 21st CCI C - Ann	red field / Authorized Represe Extension	ntative: State* Email*	Zip+4*								
Last Name*	Ext.	First Ema	Name*						Site 1 Coordinator:		
21st CCLC - Prin Last Name*	nary Community Partr	ner: First *Em	Name*						Last Name Phone Site 2 Coordinator:	Ext.	F
Program Directo Last Name* Phone*	pr:	Ext.		First Name* Email*					Last Name Phone Family Engagement C Last Name	Contact:	F
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Click to Return to Menu List / Sign Out

Overview	Contacts	Schedule	Summary	Improvement Planning	OSDE Support	Supporting Documentation	Submit	Application History	Application Print
Program Sche	dule								
	Please com	plete table by i	referring to your	program calendar.					
					Site 1		Site 2 (if appli	cable)	
	Site Name								
		s	ummer 2019						
	1. Program s	tart date (MM/D	D/YYYY)						
	2. Program e	nd date (MM/DD)/YYYY)						
	3. Number of	f days services o	ffered per week						
	4. Program d	aily hours of ope	eration		AM		AM		
					PM		PM		
	5. Total numb	ber of weeks sur	nmer program offe	ered					
			Fall 2019						
	6. Program s	tart date (MM/D	D/YYYY)						
	7. Program e	nd date (MM/DD)/YYYY)						
	8. Number of	f days services o	ffered per week						
	9. Program d	aily hours of ope	eration		AM		AM		
					PM		PM		
	10. Total num	nber of weeks fa	II program offered						
		:	Spring 2020						
	11. Program	start date (MM/I	DD/YYYY)						
	12. Program	end date (MM/D	D/YYYY)						
	13. Number o	of days services	offered per week						
	14. Program	daily hours of or	peration		AM		AM		
					PM		PM		
	15. Total num	nber of weeks sp	oring program offe	red					
				Sa	ive Page				



OKLAI	HOMA Department of Education		
Applicant: Application: Cycle: Application Due Date:	2019-2020 21st Century Annual Report Original Application 6/30/2020	Project Period: 7/1/201	21st Century Annual Report ◆ 9 - 6/30/2020 Click to Return to GMS Access/Select Page Click to Return to Menu List / Sign Out
Overview Cont Summary Please provide a b	racts Schedule Summary I	mprovement OSDE Supportin Planning Support Documenta nges or challenges, for each of the following a	ng Submit Application Application Print Ispects of your 21st CCLC program. Please also include
any planned adjus A. Youth offerings (0 of 2000 maxim	tments for the program in the coming year with and activities: m characters used)	respect to each area.	D. Advisory Committee involvement and recommendations: (0 of 2000 maximum characters used)
B. Literacy and ed (0 of 2000 maxim	ucational opportunities for families and student: um characters used)	5:	E. School day alignment and communication: (0 of 2000 maximum characters used)
C. Community part (0 of 2000 maxim	rtner involvement and communication: um characters used)		F: Sustainability efforts: (0 of 2000 maximum characters used)
			G. Staff professional development: (0 of 2000 maximum characters used)
			H. Use of all non-21st CCLC funds (grants, in-kind/donations): (0 of 2000 maximum characters used)
			I. Please provide a detailed budget narrative justifying any carryover funds exceeding 15% of the base allocation for the year resulting from the COVID-19 pandemic. (0 of 2000 maximum characters used)



plicant: plication: cle: plication Due Date:	2019-2020 21st Century Annual Report - Original Application 6/30/2020		Projec	t Period: 7/1/2019 - 6/30/2	2020	Click to Return to Click to Return	ry Annual Report Printer-Frie GMS Access/Select P n to Menu List / Sign
Overview Con	tacts Schedule Summary	Improvement Planning	OSDE Support	Supporting Documentation	Submit	Application History	Application Print
A. YPQI Program I	Improvement Goal:						
A. YPQI Program 1 (0 of 2000 maxim	um characters used)						
A. YPQI Program 1 (0 of 2000 maxim	um characters used)						



cant:	11-I035 TAHLEQUAH	Appual Report - A0-5	53				21st Centu	ury Annual Report
: cation Due Date:	Original Application ion Due Date: 6/30/2020			Projec	t Period: 7/1/2019 - 6/30/	bd: 7/1/2019 - 6/30/2020		Printer-Frier GMS Access/Select Pa rn to Menu List / Sign
verview Cor	ntacts Schedule	Summary	Improvement Planning	OSDE Support	Supporting Documentation	Submit	Application History	Application Print
porting Docume	entation							
d. The programs e. For non-distric Provide any addi	current 21st CCLC invent ct grantees only, a copy o tional information or expl	rory list. f your organizatio anation related to	stakeholders, school da on's most recent fiscal o your uploaded docum	ay staff, the com audit. nents that you w	munity, parents/familie ould like OSDE to be av	s, and commur vare of. (0 of 2	nity partner(s). 2000 maximum cha	aracters used)
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CONTACT INFORMATION

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