

## Universal Grant Application Checklist

The ASES Universal Applications must be received at the CDE by **5:00 p.m. on October 12, 2016**.  
**Postmarks will not be accepted.**

### Mail or deliver to:

**Expanded Learning Division  
ASES Universal Grant Application  
California Department of Education  
1430 N Street, Suite 3400  
Sacramento, CA 95814-5901**

**COPIES:** Provide the CDE with one ASES Universal Grant Application with **original** Authorized Signatures. Once funded, applicants will be required to send **one copy** of the Universal Grant Application to your respective Regional Lead (the contact list of Regional Leads is posted on the CDE ASES Program Web page at <http://www.cde.ca.gov/ls/ba/cp/regntwrkcontacts.asp>).

### Please submit these forms in the following order:

- Cover Page
- Co-applicant Page (if applying with a Co-applicant)
- Award Calculator
- Signatures and Approvals
- Certified Assurances (pages 1–3)
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- Disqualification Form
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- Program Narrative (with two required program elements)
- Estimated FRPM Worksheet (if applicable)
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- This Checklist

**After School Education and Safety Program  
Universal Grant Application**

**Cover Page**

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[afterschool@cde.ca.gov](mailto:afterschool@cde.ca.gov)

Are you applying on behalf of a new school with a valid CDS code, but no FRPM data reported in CALPADS? If so, you must submit the Estimated Free and Reduced Price Meals Worksheet, with Expanded Learning Division's approval, or the school will be disqualified.

**Note: Authorized Agent is also known as the Authorized Signatory in the ASES Application.**

Agency Name	Magnolia Science Academy 2
CDS/FEIN	000000C988
County Name	Los Angeles
Agency Type	School District
Name of Authorized Agent	Dr. Caprice Young
Professional Title of Authorized Agent	CEO
Address	250 E. 1 <sup>st</sup> St. STE1500
City, State, Zip	Los Angeles
Phone Number	213-628-3634
Fax Number	714-362-9588
Email Address	batar@magnoliapublicschools.org
Name of Program Contact	Steven Keskindurk
Professional Title of Program Contact	Principal
Agency Name of Program Contact	Magnolia Science Academy 2
Address of Program Contact	17125 Victory Blvd
City, State, Zip of Program Contact	Van Nuys, CA 91406
Phone Number of Program Contact	(818) 758-0300
Fax Number of Program Contact	(818) 758-0333
Email Address of Program Contact	cyoung@magnoliapublicschools.org
Total Amount Requested	\$150,000

Certification of Assurance: I certify that all applicable state and federal rules and regulations and the provisions of the After School Education and Safety Program will be observed and that, to the best of my knowledge, the information contained in this application is correct and complete.

Signature of Authorized Agent	
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**Co-applicant Page**

Note: Any agency may act as a collaborative local partner, contractually or otherwise, in implementing the ASES program without applying as a Co-applicant in this ASES application. Applying as a Co-applicant in this application creates a responsibility directly to the CDE to implement the terms of the RFA.

Allowable Co-applicant combinations:

<b>Co-applicant Type</b>	<b>Non-LEA</b>	<b>LEA</b>
1	A county board of supervisors	One or more LEAs
2	The city council of a chartered or incorporated city	One or more LEAs
3	A non-profit (may not act as the fiscal agent)	One or more LEAs

The Co-applicant combinations must be one of the types 1-3 above in order to apply as Co-applicants. All other Co-applicant combinations will be denied.

Please list the following information for your Co-applicant(s). If there are more Co-applicants use additional copies of this form for each. Be sure to provide original signatures for each of your Co-applicant's Authorized Signatory.

Co-applicant Agency Name:	
Co-applicant Agency Type:	
Co-applicant FEIN/CDS Number:	
Co-applicant Authorized Agent Name:	
Co-applicant Authorized Agent Title:	
Address:	
City:	
State:	
Zip:	
Phone:	
Email:	
Signature of Authorized Co-applicant:	

Are you applying with a Co-applicant? Note: Co-applicants are responsible directly to the CDE for implementing the terms of the RFA.

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Agency Name	Magnolia Science Academy 4
CDS/FEIN	000000C986
County Name	Los Angeles
Agency Type	School District
Name of Authorized Agent	Dr. Caprice Young
Professional Title of Authorized Agent	CEO
Address	250 E. 1 <sup>st</sup> St. STE1500
City, State, Zip	Los Angeles
Phone Number	213-628-3634
Fax Number	714-362-9588
Email Address	cturan@magnoliapublicschools.org
Name of Program Contact	Lisa Ross
Professional Title of Program Contact	Principal
Agency Name of Program Contact	Magnolia Science Academy 4
Address of Program Contact	11330 W Graham Place
City, State, Zip of Program Contact	Los Angeles, CA 90064
Phone Number of Program Contact	310-473-2464
Fax Number of Program Contact	310-473-2416
Email Address of Program Contact	cyoung@magnoliapublicschools.org
Total Amount Requested	

Certification of Assurance: I certify that all applicable state and federal rules and regulations and the provisions of the After School Education and Safety Program will be observed and that, to the best of my knowledge, the information contained in this application is correct and complete.

Signature of Authorized Agent	
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Co-applicant Agency Type:	
Co-applicant FEIN/CDS Number:	
Co-applicant Authorized Agent Name:	
Co-applicant Authorized Agent Title:	
Address:	
City:	
State:	
Zip:	
Phone:	
Email:	
Signature of Authorized Co-applicant:	

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Agency Name	Magnolia Science Academy 6
CDS/FEIN	000000C988
County Name	Los Angeles
Agency Type	School District
Name of Authorized Agent	Dr. Caprice Young
Professional Title of Authorized Agent	CEO
Address	250 E. 1 <sup>st</sup> St. STE1500
City, State, Zip	Los Angeles
Phone Number	213-628-3634
Fax Number	714-362-9588
Email Address	cturan@magnoliapublicschools.org
Name of Program Contact	John Terzi
Professional Title of Program Contact	Principal
Agency Name of Program Contact	Magnolia Science Academy 6
Address of Program Contact	3754 Dunn Dr
City, State, Zip of Program Contact	Los Angeles, CA 90034
Phone Number of Program Contact	310-842-8555
Fax Number of Program Contact	310-842-8558
Email Address of Program Contact	cyoung@magnoliapublicschools.org
Total Amount Requested	

Certification of Assurance: I certify that all applicable state and federal rules and regulations and the provisions of the After School Education and Safety Program will be observed and that, to the best of my knowledge, the information contained in this application is correct and complete.

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Co-applicant Agency Type:	
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Co-applicant Authorized Agent Name:	
Co-applicant Authorized Agent Title:	
Address:	
City:	
State:	
Zip:	
Phone:	
Email:	
Signature of Authorized Co-applicant:	

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CDS/FEIN	000000C988
County Name	Orange County
Agency Type	School District
Name of Authorized Agent	Dr. Caprice Young
Professional Title of Authorized Agent	CEO
Address	250 E. 1 <sup>st</sup> St. STE1500
City, State, Zip	Los Angeles
Phone Number	213-628-3634
Fax Number	714-362-9588
Email Address	batar@magnoliapublicschools.org
Name of Program Contact	Varol Gurler
Professional Title of Program Contact	Site Director
Agency Name of Program Contact	Magnolia Science Academy Santa Ana
Address of Program Contact	2840 W. 1st Street
City, State, Zip of Program Contact	Santa Ana, CA 97203
Phone Number of Program Contact	(714) 557-7004
Fax Number of Program Contact	714-242-1449
Email Address of Program Contact	cyoung@magnoliapublicschools.org
Total Amount Requested	150,000

Certification of Assurance: I certify that all applicable state and federal rules and regulations and the provisions of the After School Education and Safety Program will be observed and that, to the best of my knowledge, the information contained in this application is correct and complete.

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