

Application Information Form

1. TYPE OF SUBMISSION

<input type="radio"/> Grant Plan
<input type="radio"/> Grant Plan Revision

2. FISCAL YEAR

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3. ASSISTANCE LISTING NUMBER (ALN):

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4. APPLICANT INFORMATION

a. Legal Name:
b. Employer/Taxpayer Identification Number (EIN/TIN):
c. Unique Entity ID (UEI):
d. Address: <ul style="list-style-type: none">i. Street 1: _____ii. Street 2: _____iii. City: _____iv. County/Parish: _____v. State: _____vi. Province: _____vii. Country: _____viii. Zip/Postal Code: _____
e. Organizational Unit: <ul style="list-style-type: none">i. Department Name: _____ii. Division Name: _____

f. Name and Contact Information of Person to be Contacted on Matters Involving this Application:

- i. Prefix: _____
- ii. First Name: _____
- iii. Last Name: _____
- iv. Title: _____
- v. Organizational Affiliation: _____
- vi. Telephone Number: _____
- vii. Fax Number: _____
- viii. Email: _____

By signing this application, I certify (1) to the statements contained in the list of certifications;** (2) that the grantee will meet the requirements of ESEA Section 8501 regarding the participation of private school children and teachers; (3) that the grantee has complied with section 427 of the General Education Provisions Act (20 USC 1228a) by describing the steps the applicant proposes to take to ensure equitable access to, and equitable participation in, the project and activities to be conducted with the assistance provided by grant funds; and (4) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

**The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

- I agree

Authorized Representative:

- i. Prefix: _____
- ii. First Name: _____
- iii. Last Name: _____
- iv. Title: _____
- v. Telephone Number: _____
- vi. Email: _____
- vii. Signature of Authorized Representative: _____
- viii. Date Signed: _____