ARIZONA DEPARTMENT OF EDUCATION (ADE)

LOCAL EDUCATION AGENCY APPLICATION

☐ APPLICATION ☐ RENEWAL APPLICATION ☐ AMENDMENT

The Applicant Agency _____, C.T.D.S. No. _____, assures the Arizona Department of Education that it will implement the eligible program activities and maintain appropriate documentation to fulfill program requirements.

INSTRUCTIONS: Submit a signed original to appropriate program area office, 1535 West Jefferson Street, Bin 36, Phoenix, AZ 85007

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1. Project Director/Contact: Phone No.: E-Mail Address:	2. Application Term: Begin: End:	3. Project No.:

PROGRAM ASSURANCES:

The applicant agency identified above assures the Arizona Department of Education that it will implement appropriate activities in keeping with the intents and purposes of this grant/project and, where appropriate, 34 CFR 76 (EDGAR); that it will use the current version of the Uniform System of Financial Records for fiscal control and fund accounting procedures, and that it will maintain appropriate documentation for audit and monitoring purposes.

The applicant agency further assures:

1. That it will file/has filed with the Arizona Department of Education its current General Statement of Assurance.
2. That it will comply with Program specific Assurances as may be appropriate.
3. That any materials produced from the funded projects shall be the property of the State of Arizona and shall be made available to the general public only on a cost recovery basis.
4. That all activities under this application will align any curriculum plans with the Arizona Student Achievement Program.
5. Furthermore, if submitted electronically, the person whose username appears below has authorized the submittal of this application.

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_____ _____

Signature--Authorized Agent (Submit original signature. Please sign in blue ink.) Date of Signature

_____

Typed Name and Title

_____

Mailing Address

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(For SEA Use Only)

The Arizona Department of Education approves the program budget based on the availability of funds and the appropriate program assurances submitted by the applicant school district/agency.

Signature: _____ _____

ADE Program Authorized Agent Date of Signature

Signature: _____ _____

ADE Superintendent (or Authorized Representative) Date of Signature

ADE 31-204, 6/97
gaa451.hms (5054)

NOTE: In the event of (1) Federal reduction of your program name funds or (2) Another method of disbursement of federal funds, this application MUST BE REVISED.