

Application for Small, Rural School Achievement Program

CFDA 84.358A

U.S. Department of Education

Form Approved

OMB No. **1810-0646**

Exp. XX/XX/XXXX

Applicant Information

Organizational Unit

1. Name of LEA/District: _____

Address: _____

_____ - _____
City State County ZIP Code + 4

2. Applicant's D-U-N-S Number |__|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

3. Applicant's T-I-N |__|_|_| - |__|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

6. Is the applicant delinquent on any Federal debt? Yes No

4. Applicant's NCES LEA ID Number |__|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

5. LEA Contact: _____

Address: _____

_____ - _____ - _____
City State Zip code + 4
Tel. #: () _____ - _____ Fax #: () _____ - _____

E-Mail Address: _____

7. Is application subject to review by Executive Order 12372 process?
 Yes (Date made available to the Executive Order 12372 process for review): ____/____/____

No (If "No," check appropriate box below.)
 Program is not covered by E.O. 12372.
 Program has not been selected by State for review.

8. The LEA, through the signature of its authorized representative, provides the assurances and certifications required in the following documents that are incorporated by reference into this application:

- The assurances in Standard Form 424B (Assurances – Non-Construction Programs).
- The certifications in ED-Form 80-0013 regarding lobbying, debarment/suspension/responsibility status, and drug-free workplace.

With respect to the Certification Regarding Lobbying, the LEA certifies that no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making or renewal of Federal grants under this program; that the LEA shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," when required (34 C.F.R. Part 82, Appendix B); and that the LEA shall require the full certification, as set forth in 34 C.F.R. Part 82, Appendix A, in the award documents for all subawards at all tiers.

Authorized Representative Information

9. To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

b. Title: _____

c. Tel. #: () _____ - _____ Fax #: () _____ - _____

E-Mail Address: _____

e. Signature of Authorized Representative:

_____ Date: ____/____/____

