

## INSTRUCTIONS FOR COMPLETING THE RURAL SCHOOL APPLICATION FORM

1. Legal Name and Address. Enter the legal name of applicant and the name of the primary organizational unit which will undertake the assistance activity.
  2. D-U-N-S Number. Enter the applicant's D-U-N-S Number. If your organization does not have a D-U-N-S Number, you can obtain the number by calling 1-800-333-0505 or by completing a D-U-N-S Number Request Form. The form can be obtained via the Internet at the following URL: <http://www.dnb.com/>
  3. Tax Identification Number. Enter the taxpayer's identification number as assigned by the Internal Revenue Service.
  4. NCES LEA ID Number. Enter the NCES LEA ID number. If you don't know it, go to <http://www.ed.gov/programs/reapsrsa/eligibility.html> and locate your LEA in the spreadsheet. If you cannot find your LEA there, you can also go to <http://www.nces.ed.gov/ccdweb/school/index.asp> . Please make sure you review eligibility requirements for this program.
  5. Project Contact. Name, address, telephone and fax numbers, and e-mail address of the person to be contacted on matters involving this application.
  6. Federal Debt Delinquency. Check "Yes" if the applicant's organization is delinquent on any Federal debt. (This question refers to the applicant's organization and not to the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.) Otherwise, check "No."
  7. **Incorporation by reference of assurances and certifications.** This application incorporates the references the assurances and certifications listed on the form and the applicant, through the signature of its authorized representative, hereby provides those assurances and certifications.
  8. **Authorized representative information and signature.** Provide the listed information and have the application signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. Be sure to enter the telephone and fax number and e-mail address of the authorized representative. Also, in item 8e, please enter the month, day, and four (4) digit year (e.g., 06/30/2009) in the date signed field.
- Paperwork Burden Statement. **According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0646. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.** If you have any comments concerning the accuracy of the estimate(s) or suggestions for improving this form, please write to: **U.S. Department of Education, Washington, D.C. 20202-4651.** If you have comments or concerns regarding the status of your individual submission of this form write directly to: Jenelle Leonard, Office of School Support and Technology Programs, U.S. Department of Education, 400 Maryland Avenue, S.W., Rm. 3W203 Washington, D.C. 20202-6400.