

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:

Mailing Address

Empty box for Organizational Unit

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?

4. Applicant's NCES LEA ID Number

5. LEA Contact:

Mailing 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: / /

**Public 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. Public reporting burden for this collection of information is estimated to average 40 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (ESEA Section 6212/6221). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email [IC-DocketMgr@ed.gov](mailto:IC-DocketMgr@ed.gov) and reference the OMB Control Number 1810-0646. Note: Please do not return the completed REAP application to this address.

If you have comments or concerns regarding the status of your individual submission of this form write directly to:

Email: [REAPSEA@ed.gov](mailto:REAPSEA@ed.gov)

Subject: SRSA Application Status