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

1. Name of LEA/District:			Organizational Unit
Mailing Address			
City	State	County	y ZIP Code + 4
2. Applicant's D-U-N-S Number	_		
3. Applicant's T-I-N -	6. Is th	e applican	t delinquent on any Federal debt?YesNo
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 (<i>Date made available to the Executive Order 12372 process for review</i>):/			
No <i>(If "No," check appropriate box below.)</i> Program is not covered by E.O. 12372 Program has not been selected by State for review	N.		
8. The LEA, through the signature of its authorized representative, provincorporated by reference into this application:	vides the assura	nces and ce	ertifications required in the following documents that are
 The assurances in Standard Form 424B (Assurances – Non-to-to-to-to-to-to-to-to-to-to-to-to-to-			ponsibility status, and drug-free workplace.
With respect to the Certification Regarding Lobbying, the LEA certifie influencing or attempting to influence an officer or employee of any ag a Member of Congress in connection with the making or renewal of Fe Form-LLL, "Disclosure Form to Report Lobbying," when required (34 set forth in 34 C.F.R. Part 82, Appendix A, in the award documents for	ency, a Membe deral grants und C.F.R. Part 82,	r of Congro ler this pro Appendix	ess, an officer or employee of Congress, or an employee ogram; that the LEA shall complete and submit Standard
Authorized Representative Information			
9. To the best of my knowledge and belief, all data in this application a of the applicant and the applicant will comply with the attached assuran			
a. Authorized Representative (<i>Please type or print name clearly</i> .)			
b. Title:			
c. Tel. #: () Fax #: ()		_	
E-Mail Address:			

___ 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 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: <u>REAPSEA@ed.gov</u>
Subject: SRSA Application Status