



Organization: LearnAlott ISD

County District: 001901

Campus/Site: N/A

ESC Region: 04

**DRAFT**

SAS#: NCLBST10

Vendor ID: 1700000000

School Year: 2009-2010

2009-2010 NCLB Cons Federal ARRA/Stimulus Grant Application

General Information

GS2230 - NCLB Applicant Designation Form

		Amendment #	Version #
		00	01

Part 1: Designation

#	Funding Source	Apply on Own	Apply as Fiscal Agent of SSA	Not Apply at All	Apply as Member of SSA	Select a Fiscal Agent only if you selected "Apply as Member of SSA"		Planning Amount
						Designation Fiscal Agent Name (Entity Name)	Fiscal Agent CDN	
1	Title I, Part A	b	e	e	e	Select One		21,000
2	Title I, Part C Migrant	e	e	b	e	Select One		
3	Title I, Part D Subpart 1	e	e	e	e			
4	Title I, Part D Subpart 2	b	e	e	e	Select One		21,000
5	Title II, Part A	e	e	b	e	Select One		
6	Title II, Part D	e	e	b	e	Select One		0
7	Title III, Part A LEP	e	e	b	e	Select One		
8	Title III, Part A Immigrant	e	e	b	e	Select One		
9	Title IV, Part A-SDFSC	e	e	b	e	Select One		
10	Title V, Part A	e	e	b	e	Select One		

Part 2: Certification and Incorporation

Certification and Incorporation Statement

I understand that the designation selected above will remain in effect for the duration of the project period for the program as specified.

I certify that to the best of my knowledge the information contained in this form is correct and complete and that I am authorized to file this certification on behalf of the applicant organization.

A single organization applying for this grant program on its own certifies the designation as an individual applicant for the program specified in this designation form. For each member of a Shared Services Arrangement (SSA), the member certifies its agreement to participate in an SSA, as stated for the program specified in this designation form. For each organization registering as a fiscal agent, the organization certifies its agreement to act as fiscal agent for the SSA, as stated for the program specified in this designation form.

If Apply as Member of SSA is selected for this funding source, the designated fiscal agent is the administrative and fiscal agent for this project and is authorized to receive and expend funds for the conduct of this project on behalf of the member district(s). The fiscal agent is accountable for all shared services arrangement activities and is therefore responsible for ensuring that all funds, including payments to members of shared services arrangements, are expended in accordance with applicable laws and regulations.

All participating organizations have entered into a written shared services agreement which describes the responsibilities of the fiscal agent and SSA members, including the refund liability that may result from on-site monitoring or audits and the final disposition of equipment, facilities, and materials purchased for this project.

It is understood that the fiscal agent is responsible for the refund for any exceptions made as a result of on-site monitoring or audits; however, based upon the SHARED SERVICES AGREEMENT, which must be on file with the fiscal agent for review, the fiscal agent may have recourse to the member organization(s) where the discrepancy(ies) occurred.

The authorized official has read and certifies agreement as stated above.

Authorized Official

First Name	26 of 30	Initial	Last Name	26 of 30	Title	36 of 40
test			test		test	
Telephone	Ext.	Fax	E-mail	47 of 60	Confirm E-mail	47 of 60
123-123-1234		123-123-1234	test@test.com		test@test.com	

Submitter Information

First Name	Last Name	Approval ID	Submit Date and Time
learnalot1	egrants	learnalot1	4/6/2009 4:20:51 PM

Only the legally responsible party may submit this report.

Certify and Submit