

**Application Cover Sheet  
2025–28 Learning Communities for School Success  
Program Cohort 9  
Grant Application**

**Applicant/Lead Local Educational Agency (LEA):**

**County/District/School Code (14 digits):**

**County Name:**

**Mailing Address:**

**City:**

**Zip:**

**Please indicate the LEA’s intent to apply for funds by checking the appropriate box below:**

**Single LEA**

All schools in the LEA

Limited number of schools in the LEA

**Consortium of LEAs**

All schools in each consortium LEA

Limited number of schools in some or all consortium LEA

**Total 2024–25 student enrollment to be served by this application:**

Enrollment will be determined by the 2024–25 California Basic Education Data System (CBEDS) reported enrollment.

**Funding requested for the entire funding term of three years:**

See Section III, A. Funding Levels for minimum/maximum funding level limits.

**Contact Person:**

**Contact Title:**

**Program Office:**

**Contact Telephone:**

**Contact Fax:**

**Contact email address:**

**Purpose:** Funds provided through this application are aimed at improving outcomes for public school pupils in kindergarten and grades one through twelve, inclusive, by reducing truancy and supporting students who are at risk of dropping out of school or are victims of crime. As a condition of the receipt of funds provided through this application, the LEA agrees to perform the functions and fulfill the responsibilities outlined in the request for application.

**Certification:** I have read this application, the General Assurances, and the Program Assurances and certify that this agency and the participating schools will, if funded, fully support and implement the program and adhere to all the assurances. Further, I certify that the 2024–25 CBEDS reported enrollment listed on the following page(s) for the participating schools is correct to the best of my knowledge.

**Superintendent or Designee Signature**

**Print Name:**

**Title:**

**Date:**