

Form B

Application Face Page

Required Information	Response
Local Educational Agency Applicant Name	
Program Office	
Award Amount Requested	
Student Enrollment Count (placed)	
Student Enrollment Count (served)	
Authorized Agent (Name and Title)	
LEA Contact (Name and Title)	
LEA Contact Email	
LEA Contact Telephone	
LEA Mailing Address	
LEA City	
LEA Zip Code	

Program Assurances

By responding to the items below by checking the appropriate response, the applicant agency makes the following assurances:

- | | | |
|-----|----|--|
| Yes | No | The applicant agency is a California public school district, county office of education, state special school or charter school. [<i>Education Code</i> Section 56471(d)] |
| Yes | No | The applicant agency shall collaborate and leverage resources to provide a full array of student resources with minimum administrative costs. [<i>Education Code</i> Section 56471(e)] |
| Yes | No | The applicant is confirming to abide by the General Assurances available on the CDE Funding Forms web page at: https://www.cde.ca.gov/fg/fo/fm/ff.asp . |

Program Summary

(250 words or less)

Print Name and Title of Authorized Agent (Superintendent):

Signature of Authorized Agent (Superintendent):

Date Signed: