


# DRAFT

<b>Schedule Status:</b>	<b>Formula</b>	<b>Application ID:</b>
 <p><b>SAS#: ESSAAA19</b></p>	<b>Organization:</b>	<b>County District:</b>
	<b>Campus/Site:</b>	<b>ESC Region:</b>
	<b>Vendor ID:</b>	<b>School Year: 2018-2019</b>
	<b>2018-2019 ESSA Consolidated Federal Grant Application</b>	

<b>Printable Version</b>	<b>GS2230</b>	<b>Save</b>
<b>Exit</b>	<b>GS2230 – Applicant Design and Certification</b>	<b>Instructions</b>
	<b>Amendment #</b>	<b>Version #</b>

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 <i>only</i> if you selected "Apply as Member of SSA".		Fiscal Agent CDN	Planning Amount
						Designated Fiscal Agent Name (Entity Name)			
1	Title I, Part A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select One	▼		
2	Title I, Part C Migrant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select One	▼		
3	Title I, Part D Subpart 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4	Title I, Part D Subpart 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select One	▼		
5	Title II, Part A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select One	▼		
6	Title III, Part A ELA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select One	▼		
7	Title III, Part A Immigrant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select One	▼		
8	Title IV, Part A-SSAEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select One	▼		

**Part 2: Certification and Incorporation**

I understand that the designation selected above will remain in effect for the duration of the project period for the program(s) 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.

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

Authorized Official						
First Name	30 of 30	Initial	Last Name	30 of 30	Title	40 of 40
Telephone	Ext.	Fax	Email	60 of 60	Confirm Email	60 of 60

Submitter Information			
First Name	Last Name	Approval ID	Submit Date and Time

<b>Only the legally responsible party may submit this form.</b>		<b>Certify and Submit</b>
<b>Printable Version</b>	<b>Save</b>	Page 1 of 1