

RFP GT-06: APPLICATION COVER PAGE

For Discretionary Grant Programs Model Induction Program

APPLICATION COVER PAGE

Please refer to the Application Instructions for detailed information about completing this page and the other required components of this application.

Agency Code

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Is this application being submitted in partnership or consortium? If so, list all members on this cover page and provide the requested information for the applicant/fiscal agent in the boxes below.

Agency Name:	Contact Person:
Address:	Title:
	Telephone:
	Fax:
	E-Mail:
City: Zip Code:	

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County:	Funding Requested:
<p>I hereby certify that I am the applicant's chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Certifications, Appendix A, and that the requested budget amounts are necessary for the implementation of this project. It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.</p>	
Authorized Signature (in blue ink)	Chief School/Administrative Officer Title:
Typed Name:	Date: