2018-2024 NYS P-TECH

Application Cover Page

Agency Code

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| Name Applicant Agency: | Name and Title of Contact Person: | |
| List K-12 School District(s) involved in the partnership: | | |
| Address:  City:  Zip Code: | Telephone: | |
| County: | Fax: | |
| Region: | E-Mail: | |
| 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, Appendix A-1G 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. | | |
| Original Signature of Chief Administrative Officer | | Typed Name of Chief Administrative Officer: |
| Date: | | |