



STATEMENT OF CERTIFICATION

Peer Assistance and Review

SECTION A: APPLICATION FOR A GRANT/SUBGRANT CERTIFICATION

I HEREBY CERTIFY that, to the best of my knowledge, the information in this application is correct.

The applicant designated below hereby applies for federal or state funds for the **Peer Assistance and Review**. The local Board of Trustees/Organization has authorized me to file this application and such action is recorded in the minutes of the board meeting held on _____ (Date).

Signature: _____ Date: _____
Authorized Representative

PART I – APPLICANT

Applicant: (Legal Name of Agency): _____

Mailing Address (Street, P. O. Box, City/ Zip): _____

Name, title and phone number of Applicant: _____

Authorized Contact Person: _____

Name, title and phone number of Applicant: _____

Fiscal Contact Person: _____

Amount of application: _____

PART II – STATE DEPARTMENT OF EDUCATION USE

Date Received: _____

Obligation Amount: _____

Reviewer’s Signature: _____

Date: _____