



Organization:
Campus/Site:
Vendor ID:

County District:
ESC Region:
School Year: 2018-2019

SAS#: ESSAAA19

2018-2019 ESSA Consolidated Federal Grant Application

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Exit GS2230 - Applicant Design and Certification Instructions

Amendment #	Version #

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 Designated F (Ent	nt
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	

ADC: Driver for the whole application. If LEA selected to apply on their own, they can still apply as SSA if they haven't received the NOGA. June 5th: Money will populate. ESC must fill out ADC right away so LEAs can select ESC1. Use Internet Explorer to fill out!

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
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Only the legally responsible party may submit this form. Certify and Submit

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