

**Fall 2009 Regular Title I and ARRA Title I
Consolidated Application Amendment
APPLICATION COVER SHEET**

School District:

**Superintendent or
Authorized
Representative's Signature:**

Title:

Date:

The authorized representative of the above named applicant certifies to the New Mexico Public Education Department that the information contained in the application package is accurate and complete and certifies compliance with the assurances contained in the application.

The governing body of the above-named applicant has approved this application and has authorized the individual signing above as its representative to submit this application as recorded in the minutes of the local Board of Education meeting.

Applicant understands that this submission is considered an amendment to the approved 2009-10 Title I Application and the ARRA 2009 Spring Submission.

**Board of Education
Meeting Date:**

TITLE I GRANTS COORDINATOR:

First/Last Name:
Mailing Address:
City/State/Zip:
E-mail Address:
Phone Number:
Fax Number:
Other Number:

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For Public Education Department Use Only

Signature (Authorized PED Official)

Date Approved