

STATEMENT OF CERTIFICATION

Computer Science SB 200

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 federa Science . The local Board of Trustees/Organization has a and such action is recorded in the minutes of (Date).	authorized me to file this application
Signature:	_ Date:
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 E	DUCATION USE
Date Received:	
Obligation Amount:	
Reviewer's Signature:	