**Attachment E: Cover Page**

KANSAS STATEWIDE TECHNICAL ASSISTANCE NETWORK

TITLE VI, PART B, IDEA CFDA# 84 027

COVER PAGE

FY2016

1. APPLICANT

Agency

USD/INT No. County

Street/PO Box

City Zip

Contact Person Director

Phone Number Fax Number

E-mail

1. PROJECT TITLE
2. PROPOSED FUNDING

Federal

State Spec Ed

Local Effort

Other

Total

1. ASSURANCE

To the best of my knowledge, information in this application is correct. The document has been authorized by the governing body of the applicant .The applicant will comply with all applicable requirements regarding federal grants management, including IDEA Part A and B; and Education Department General Administrative Regulations (EDGAR) if the project is approved.

Signature and Title of Certifying Representative

State Agency Use Only

Amount of Award

Action Taken

 a. Approved for funding

 b. Approved with revisions

 c. Not approved for funding

 Signature of Authorized State Official