



STATE OF LOUISIANA
DEPARTMENT OF EDUCATION
POST OFFICE BOX 94064, BATON ROUGE, LOUISIANA 70804-9064
Toll Free #: 1-877-453-2721
<http://www.louisianaschools.net>

APPLICATION FOR PROJECT FUNDS

Official Program Title: Math & Science Partnerships

Awarding Agency: U. S. Department of Education

Internal Program Title: Math & Science Partnerships

CFDA#: 84.366B

Project Number: 28-14-MP-

Funding Amount Applied for: _____

Funding Period: Project Cycle 2014-15

Agency Information:		
Recipient Organization:		
Project Director:		
Fiscal Agent:		
Mailing Address:		
Street Address:		
City:	State:	Zip Code:
Program Contact Information:		
Name/Position:		
Telephone Number:		
	(Area Code) (Number)	(Extension)
Fax Number:		
	(Area Code) (Number)	
Email Address:		

I hereby assure and certify that this agency will comply with the regulations, policies, guidelines and requirements, as they relate to the application, acceptance and use of funds for the federally assisted or state assisted project.

APPROVED (For State Agency Use Only):

Division Director/Designee

Date

Approved Representative of the Entity Date

Grants Management

Date

“An Equal Opportunity Employer”