

**KANSAS STATE DEPARTMENT OF EDUCATION
STATE & FEDERAL PROGRAMS TEAM
Reading First Program Grant
2006-2007**

Eligible United School District:	_____
Mailing Address:	_____
City, Zip Code:	_____
Project Contact Person:	_____
Title:	_____
Mailing Address:	_____
City, Zip Code:	_____
Telephone # _____ Fax # _____	
e-mail address _____	
Superintendent:	_____

AUTHORIZED REPRESENTATIVES

To the best of my knowledge and belief, all data in this application are true and correct. The governing body of the applicants has duly authorized the document and the applicants will comply with the attached assurances and certifications if the assistance is awarded.

Grantee

Authorized Representative (Please print)

Signature of Authorized Representative

Title

Date

Received _____	Approved By _____	Date _____
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