

Report Status:

< Selection Process >

Report ID:

eGrants
TEXAS EDUCATION AGENCY
SAS#: XXXXXXXX

Organization:
Campus/State:
Vendor ID:

County District:
ESC Region:
School Year:

SAMPLE

Name of Grant Program

Printable Version **Compliance Report** Save

Exit **PR6000 - Gun-Free Schools District Report** Instructions

| Amendment # | Version # |
|-------------|-----------|
| | |

LEA Report

Help

- Will the LEA request any federal funds in 2013-2014 under the Elementary and Secondary Education Act, as amended? Yes No
- Were any students found to have brought a firearm (as defined by Title 18 U.S.C., Section 921) to school? Include students even if expulsion was shortened or no penalty was imposed. Yes No

Additional LEA Data (optional)

1000 of 1000

Primary Contact

| | | | | | | |
|------------|----------|---------|-----------|----------|----------------|----------|
| First Name | 30 of 30 | Initial | Last Name | 30 of 30 | Title | 40 of 40 |
| Telephone | Ext. | Fax | E-Mail | 60 of 60 | Confirm E-Mail | 60 of 60 |

Copy - Copy Primary Contact information to Authorized Official.

Certification and Incorporation Statement

I hereby certify that the information contained in this report is, to the best of my knowledge, correct and that the local education agency named above has authorized me as its representative to submit this data. I further certify that reported program activities were conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, the Provisions and Assurances, Debarment and Suspension, Lobbying Requirements, Special Provisions and Assurances, and the schedules of the approved application for funding.

Authorized Official

| | | | | | | |
|------------|----------|---------|-----------|----------|----------------|----------|
| First Name | 30 of 30 | Initial | Last Name | 30 of 30 | Title | 40 of 40 |
| Telephone | Ext. | Fax | E-Mail | 60 of 60 | Confirm E-Mail | 60 of 60 |

Submitter Information

| | | | |
|------------|-----------|-------------|----------------------|
| First Name | Last Name | Approval ID | Submit Date and Time |
|------------|-----------|-------------|----------------------|

Only the legally responsible party may submit this report.

Certify and Submit

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