

Schedule #2—Certification for Projects by More Than One District

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by telephone/fax on _____
by _____ of TEA.

**TEXAS EDUCATION AGENCY
Standard Application System (SAS)
Instructional Facilities Allotment
APPLICATION
SCHEDULE #2— Certification for Projects
by More than One District**

County-District No. _____

Title/Name of Applicable Bond Issue or Lease-Purchase _____

Program Authority: Texas Education Code, Chapter 46

I, as one of the undersigned, certify that to the best of my knowledge, the information contained in this application is correct and complete, that the local education agency (LEA) that I represent has authorized me to file this application, and that such authorization action is recorded in the minutes of the agency's board meeting. The participating or intermediate education agency named below has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds for the conduct of this project. The fiscal agent is accountable for all project activities and is therefore responsible for ensuring that all funds including payments to members of the agreement are expended in accordance with applicable laws and regulations. All participating agencies have entered into a written agreement which describes the responsibilities of the fiscal agent and members, including the refund liability that may result from on-site monitoring or audits. It is understood that the fiscal agent is responsible for the refund for any exceptions taken as a result of on-site monitoring or audits. **Each member identified below acknowledges accountability for the requirements contained in Schedule #6A.**

Line #	County-District Number (A)	Typed Legal Name of Agency (B)	Typed Name and Title of Authorized Representative (C)	Signature (D)	Amount of Funds Provided by Member (If Applicable) (E)
01		Designated Fiscal Agent:			\$
02		Member Districts:			\$
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18	TOTAL AMOUNT				\$