**FY24 ESSER 2.0 Application Board Approval**

**School Year 2023-24**

Due October 1, 2023

|  |  |
| --- | --- |
| *LEA #:* Click or tap here to enter text. | *LEA Name (Legal Name of Agency):* Click or tap here to enter text. |
|  |
| *LEA Legal Mailing Address:*Street Address: \_Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_Click or tap here to enter text.\_\_ State: \_\_Click or tap here to enter text.\_\_ Zip: \_Click or tap here to enter text.\_ |
|  |  |  |  |  |  |  |  |  |

The facts, figures, and representations made in this application, including exhibits, attachments, and assurances herein, are true and correct to the best of my knowledge.

The Board of Education has reviewed and approved this project year’s application for filing.

This action is recorded in the official minutes of the Agency’s Board meeting held on the date entered below:

\_\_\_\_\_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_

Board Meeting Date

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Director of Schools (Signature) Board of Education Official (Signature)

 \_\_Click or tap here to enter text.\_\_\_\_\_ \_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_

Director of Schools (Print Name) Board of Education Official (Print Name)

 \_\_Click or tap here to enter text.\_\_\_\_\_ \_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_

Date Signed Date Signed