

Title I Schoolwide Plan Cover Page

Part I – School Information

School Applying to be Schoolwide	District	Grade Levels of Schoolwide Plan*
Mailing Address		
City	State	Zip Code
Name of Title I Authorized Representative	Position	Telephone Number
E-mail Address		
Signature		Date
Name of Contact Person for Schoolwide Program		Telephone Number
E-mail Address		
Signature		Date

*Please note: One Schoolwide Cover Page per building.

Part II – Assurances

Assurance Agreement for Schoolwide Planning	
<p>The _____ School of the _____ District has completed their schoolwide planning year. We have met the requirements of the Title I legislation relating to schoolwide planning and criteria. Our poverty level is _____% as documented by _____. We have also received technical assistance in our planning from the SEA or from other providers. We assure that we will implement this plan and expend our funding accordingly. We will notify the SEA of any amendments to the plan.</p> <p>The local board of education has approved this schoolwide plan. The meeting was held on _____ and is documented in the minutes of that meeting.</p>	
Signature of Title I Authorized Representative	Date
Signature of Superintendent	Date
Signature of Building Principal	Date

For Department Use Only

This Title I Schoolwide Program Application and Plan has been reviewed by the SEA and is approved as written.	
Signature of Federal Title Programs Director	Date
Signature of Assistant Superintendent	Date