



APPLICATION FOR MIGRANT EDUCATION GRANT FOR TRI-VALLEY

DEPARTMENT OF PUBLIC INSTRUCTION

TITLE I

SFN 53528 (Rev. 02/2015)

ME-1 (Tri-Valley)

Applicant (Legal Name of Agency)		Project Period	
Name of Authorized Representative		Telephone No.	
Mailing Address	City	State	Zip Code
Signature of Authorized Representative		Date	

Proposed Budget

Object Number		Total Requested	Total Approved
100	Personal Services - Salaries	(110) Professional (Teachers)	
		(120) Technical Ancillary (All Other)	
200	Personal Services - Employee Benefits (Including Worker's Compensation)		
300	Purchased Professional and Technical Services		
400	Share Cost of Water, Garbage, Telephone & Electricity with Title I N/A	Tri-Valley Share	
		Title I Migrant Education Share	
		Total of Both Requested	
500	Travel		
600	Supplies & Materials (Including Cleaning Supplies)		
700	Equipment N/A		
800	Other Objects Pupil Transportation	Tri-Valley Share	
		Title I Migrant Education Share	
		Total of Both Requested	
900	Other Uses of Funds - Indirect Cost		
Total			

For Department Use Only

Signature of State Migrant Administrator	Approved
Signature of State Federal Title Programs Director	Date

Assurances

Tri-Valley Head Start hereby assures the following:

The applicant here applies for a grant of Federal Funds to provide instructional activities and health services to meet the special needs of migratory children.

The applicant assures compliance with the North Dakota Department of Public Instruction's manual titled "General Requirements for Federal Programs" (May 1995).

I hereby certify that I have read the above assurances and to the best of my knowledge, the information contained in this application is correct.

Signature of Authorized Representative	Date
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