

STATE CTE GRANT -

NEW PROGRAM, PROGRAM EXPANSION, AND/OR IMPROVEMENT & SUPPORT

APPLICATION COVER PAGE

Agency:

Application Director:

(Name and title)

(Telephone number)

(Email address)

Fiscal Manager:

(Name and title)

(Telephone number)

(Email address)

Monitoring Coordinator:

(Name and title)

(Telephone number)

(Email address)

Evaluation Coordinator:

(Name and title)

(Telephone number)

(Email address)

Accountability Reporting Coordinator:

(Name and title)

(Telephone number)

(Email address)

++Facilities Director:

(Signature of authorized representative)

(Printed name of authorized representative and title)

***Advisory Technical Skills Committee:**

(Signature of committee representative and title)

(Date)

(Printed name of committee representative)

Application Submitted By:

(Signature of authorized representative)

(Date)

(Printed name of authorized representative and title)

++ Required if facility modifications are requested.

* Signifies the Advisory Technical Skills Committee has been provided the opportunity to review and provide input for the funding priorities in the application.