

# 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.