



Organization: County District:  
 Campus/Site: ESC Region:  
 Vendor ID: School Year:

SAS#: RLISAAXX

<PR6600—Rural Low-income Schools (RLIS)>

<b>Statutory Authority</b>	<b>Amendment #</b>	<b>Version #</b>
Elementary and Secondary Education Act (ESEA), as amended. [Sections 5221-5225]		

**Part 1: Organization Information**

**Organization Information**

**Organization Name**

<b>Mailing Address Line 1</b>	<b>Mailing Address Line 2</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

**Part 2: Applicant Contacts**

**Primary Contact** Select Contact:  or [Add New Contact](#)

<b>First Name</b>	<b>Initial</b>	<b>Last Name</b>	<b>Title</b>

<b>Telephone</b>	<b>Ext.</b>	<b>E-Mail</b>

**Secondary Contact** Select Contact:  or [Add New Contact](#)

<b>First Name</b>	<b>Initial</b>	<b>Last Name</b>	<b>Title</b>

<b>Telephone</b>	<b>Ext.</b>	<b>E-Mail</b>

**Part 3: Fund Sources and Program Activities Used to Achieve Goals**

[Help](#)

Goal 1 - Increased Student Academic Achievement  
 Goal 2 - Decreased Dropout Rate  
 Goal 3 - Other

		Goal 1	Goal 2	Goal 3	Estimated Expenditure
1.	Title I, Part A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Title II, Part A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Title III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Title IV, Part A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Parental Involvement Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Total</b>	Total Expenditures:	
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**Part 4: Additional LEA Data (optional)**

1000 of 1000

**Part 5: Report Submission Authorization**

[Help](#)

**Certification and Incorporation Statement**

I hereby certify that the information contained in this report is, to the best of my knowledge, correct and that the local education agency named above has authorized me as its representative to submit this data. I further certify that reported program activities were conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, the Provisions and Assurances, Debarment and Suspension, Lobbying Requirements, Special Provisions and Assurances, and the schedules of the approved application for funding.

**Authorized Official** Select Contact:  or [Add New Contact](#)

<b>First Name</b>	<b>Initial</b>	<b>Last Name</b>	<b>Title</b>

<b>Telephone</b>	<b>Ext.</b>	<b>E-Mail</b>

**Submitter Information**

<b>First Name</b>	<b>Last Name</b>	<b>Approval ID</b>	<b>Submit Date and Time</b>

Only the legally responsible party may submit this report

[Certify and Submit](#)