

Schedule Status:

<Selection_Process>

Application ID:



Organization:
Campus/Site:
Vendor ID:

County District:
ESCRegion:
School Year: <Current Year>

SAS#: <Program XYZ2018>

<Name of Grant Program>

Instructions

RLIS Compliance Report
PR-6600

Part 1: Organization

Applicant		
Organization Name:		
Mailing Address Line 1:		
Mailing Address Line 2:		
City:	State:	Zip Code:

Part 2: Applicant Contacts

A. Primary Contact	Select Contact:	or	Add New Contact
First Name:	Initial:	Last Name:	Title:
Telephone:	Ext:	E-Mail:	

B. Secondary Contact	Select Contact:	or	Add New Contact
First Name:	Initial:	Last Name:	Title:
Telephone:	Ext:	E-Mail:	

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

Help

Fund Sources and Program Activities					
	Fund Sources and Program Activities	Increased Student Academic Achievement	Decreased Dropout Rate	Other	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"/>	
Total Expenditures:					

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RLIS Compliance Report
PR-6600

Part 4: Additional LEA Data (optional)

Additional LEA Data

Part 5: Report Submission Authorization

Certification and Incorporation Statement (Only the legally responsible party may certify and submit this report.)

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](#)

First Name:

Initial:

Last Name:

Title:

Phone:

Ext:

E-Mail:

Submitter Information

First Name:

Last Name:

Approval ID:

Submit Date and Time:

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