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EGrants
TEXAS EDUCATION AGENCY
SAS#: XXXXXXXX

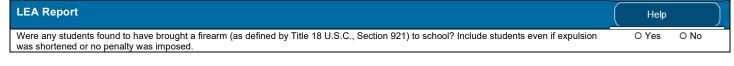
Organization: Campus/Site: VendorID: County District: ESC Region: School Year:

<Name of Grant Program>

Instructions

PR6000- Gun- Free Schools District Report

Part 1: LEA Report



Part 2: Additional Information (optional)

Additional Information		

Part 3: Certification and Incorporation

Certification and Incorporation Statement (Only the legally responsible party may 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 educational agency named above has authorized me as its representative to submit this data. I further certify that a physical verification of the facility(ies) reported has been conducted and auditable documentation which supports the October Caseload information reported is on file. ▼ or **Authorized Official** Select Contact: Select One Add New Contact First Name: Middle Initial: Last Name: Title: Phone: Ext: E-Mail: **Submitter Information** First Name: Last Name: Approval ID: Submit Date and Time:

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