

Michigan Department of Education
OFFICE OF FIELD SERVICES
P.O. Box 30008
Lansing, Michigan 48909

COMPLETION: VOLUNTARY. (Failure to file
will result in loss of funding)

Direct questions regarding this form
to (517) 373-3921

2009-2010 TITLE I REGIONAL ASSISTANCE

APPLICANT	Name of District/Public School Academy		District Code
	Address		
	City		Zip Code
	County	Telephone Number	Fax Number

CONTACT PERSON	Name of Contact Person		
	Email Address	Telephone Number	Fax Number

SECONDARY CONTACT	Name of Secondary Contact	
	Email Address	Telephone Number

TITLE I REGIONAL ASSISTANCE

A. BUDGET SUMMARY

CFDA NUMBER: _____

LEGAL NAME OF APPLICANT					
RECIPIENT CODE	GRANT NUMBER	PROJECT NUMBER	PROJECT TYPE <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Carryover	ENDING DATE	FY of Approved Activity

BUDGET:

OBJECTS:

FUNCTION CODE	FUNCTION TITLE	SALARIES 1000	BENEFITS 2000	PURCHASED SERVICES 3000	SUPPLIES & MATERIALS 5000	CAPITAL OUTLAY 6000	OTHER EXPENSES 7000, 8000	<u>TOTAL</u>
220	Instructional Staff Services							
280	Central Support Services							
410	Payments to Other Public Schools							
SUBTOTALS (sum of ALL lines above)								
INDIRECT CHARGES = Approved Restricted Rate		% Times (Expenses Subtotal Minus Capital Outlay Subtotal)						
TOTAL AMOUNT REQUESTED:								

BUSINESS OFFICE REPRESENTATIVE	PHONE NUMBER
PROJECT CONTACT PERSON	PHONE NUMBER

● MDE certifies the application is complete and meets the program requirements set forth in statute.