

California Partnership Academies Programs Planning Grant Signature Page (Form A–Part II)

Local Educational Agency (LEA) Information

LEA's Name: LEA Superintendent/Designee Name and Title

LEA's Mailing Address: LEA Superintendent/Designee E-mail

City LEA Contact Person Name for CPA Grant

Zip Code LEA Contact Person Title

LEA Telephone LEA Contact Person Email

LEA Web Site LEA Contact Person Telephone

I support this application for a CPA at the school listed above. I assure that the district and school applying for a CPA grant will adhere to the intent and letter of California *Education Code* sections along with the grant requirements and specifications identified in the Request for Applications. Sign and date below.

Signature of LEA Superintendent or Designee Date

Signature of Site Principal Date