

**Specialized Secondary Programs Cohort 9
Signature Page (Form A–Part 2)**

Local Educational Agency (LEA) Information

LEA/Fiscal Agent Name (List only one)	LEA Superintendent/Designee Name
LEA Mailing Address	LEA Superintendent/Designee E-mail
City	LEA Contact Person for SSP Grant
Zip	LEA Contact Person Title
LEA Telephone	LEA Contact Person E-mail
LEA Web Site	LEA Contact Person Telephone

I support this application for an SSP at the school listed above. I assure that the district and school applying for an SSP grant will adhere to the intent and letter of California *Education Code* sections 58800–58806 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