

Specialized Secondary Programs Cohort 7
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