

American Rescue Plan (ARP) Emergency Assistance to Non-public Schools (EANS) Part A Cover Sheet

Applicant will provide the Cover Sheet as a scanned PDF attachment. The signature of the school representative must either be an original ink signature or authenticated e-signature. Applicants must upload this document into the online application to submit a completed ARP EANS application.

Name of school or organization:

Mailing address:

Email address of authorized representative of the school:

I certify to the best of my knowledge and belief, all of the information in this application is true and correct. I further understand that knowingly making a false statement or misrepresentation on this application I may be subject to criminal and civil penalties including penalty of perjury, under applicable State and Federal laws.

County District School (CDS) Code (if applicable):

Authorized Representative of the School:

Phone Number:

Signature of Authorized Representative of the School (Applications submitted without a signature will be disqualified).

Date:

Primary Contact:

Please provide one point of contact for who shall be responsible for submitting documents to the CDE and managing fiscal oversight of the program on behalf of the applicant.

Name:

Email address:

Phone:

Title: