

**Louisiana Department of Education
HURRICANE EDUCATION RECOVERY ACT
TEMPORARY EMERGENCY IMPACT AID
FOR DISPLACED STUDENTS
CFDA # 84. 938C**

LOCAL EDUCATIONAL AGENCY APPLICATION

NAME OF LEA :
STREET/P.O. BOX :
CITY :
PARISH :
STATE & ZIP :

CONTACT PERSON NAME :
TITLE :
PHONE :
FAX :
E-MAIL :

I certify that the school district will accept responsibility to be the Fiscal Agent for the displaced students enrolled in non-public schools within our district's boundaries.

I certify that prior to payment to any non-public student account the LEA is responsible for verifying the Parent Application Form. The LEA will follow guidelines established by USDOE and the SEA to monitor the activity of the non-public student account.

I certify that the school district will make payments to Individual Emergency Impact Aid Accounts for students enrolled in non-public schools who are counted on this application within 14 calendar days of the school district's receipt of funds provided for this application.

I certify that I have read the Hurricane Education Recovery Act and will comply with all the provisions.

I certify that all displaced students enrolled on October 3, 2005 and December 1, 2005 have been properly identified in the LDE Student Information System, and to the best of my knowledge and belief, is true, complete and correct.

I certify that I am authorized to make the representations and commitments in this application, for and on behalf of the applicant, and otherwise to act as the applicant's authorized representative in submitting this application for funding.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE