Liberty Partnerships Program
2009-2014 BUDGET APPLICATION COVER PAGE

Please refer to the Application Instructions for detailed information about completing this page and the other required components of this application.

Agency Code

Institution's Name (Type/Print):	**Contact Person** (Type/Print):
Address (Type/Print):	**Title** (Type/Print):
	Telephone:
City: **Zip Code:**	**Fax:**
	E-Mail:
Number of Students to be Served:	**Funding Requested:**

I hereby certify that I am the applicant's chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Certifications, Appendix A, Appendix A1-G, and that the requested budget amounts are necessary for the implementation of this project. It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant contract program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

CAO or designee Signature (in blue ink):	**Type/Print Title:**
Type/Print Name:	**Date (in blue ink)::**

Funding Region/Service Area:
□1.Western □2.Finger Lakes □3.Central □4.Southern Tier □5.Mohawk Valley
□6.North Country □7.Capital District □8.Mid-Hudson □9.NYC □10.Long Island

Population/Community Service Area:
□Urban □Rural □Suburban □Hybrid

LPP Service Model:
□School-based Model □Campus-based Model □Community-based Model □Hybrid Model

Submit one original and three (3) copies of the Budget/Budget Narrative in a separate sealed envelope labeled "**Liberty Partnership Program Cost Proposal # GC#09-002 – DO NOT OPEN**":

Proposal GC#09-002
New York State Education Department
The Office of Contract Administration
89 Washington Avenue, Room 505W
Albany, NY 12234