 STATE OF MAINE

DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND INCLUSIVE SERVICES

**APPLICATION FOR FUNDING**

**Title of Project: SPPS Direct Services and Support Project**

**Project Timeline: July 1, 2022 to June 30, 2023**

**Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vendor ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Requested: \_\_\_\_\_\_\_\_\_\_\_ Amount Awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brief Description of Need:**

**Have you attached a copy of a Profit & Loss Statement for the year ending FY23 (July 1, 2022 – June 30, 2023) \_\_\_\_\_\_Yes \_\_\_\_\_\_ No**

**Statement of Assurance**

This Assurance Statement must be completed and signed by the Director or other authorized representative of the organization. By signing this Statement of Assurance, the organization assures that it has operated in accordance with all required IDEA, federal, and state laws and regulations throughout the period of the award.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date