

APPLICATION COVER SHEET
SCHOOL IMPROVEMENT GRANTS

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| <p>Legal Name of Applicant:</p> <p>Connecticut State Department of Education</p> | <p>Applicant's Mailing Address:</p> <p>165 Capitol Avenue Hartford, CT 06106</p> |
| <p>State Contact for the School Improvement Grant</p> <p>Name: Leslie Carson</p> <p>Position and Office: Education Consultant, Turnaround Office</p> <p>Contact's Mailing Address:</p> <p>165 Capitol Avenue Hartford, CT 06106</p> <p>Telephone: 860-713-6796</p> <p>Fax: 860-713-7023</p> <p>Email address: leslie.carson@ct.gov</p> | |
| <p>Chief State School Officer (Printed Name):</p> <p>Dr. Dianna R. Wentzell</p> | <p>Telephone:</p> <p>860-713-6500</p> |
| <p>Signature of the Chief State School Officer:</p> <p>X <i>Dianna R. Wentzell</i></p> | <p>Date:</p> <p><i>5/26/16</i></p> |
| <p>The State, through its authorized representative, agrees to comply with all requirements applicable to the School Improvement Grants program, including the assurances contained herein and the conditions that apply to any waivers that the State receives through this application.</p> | |