

APPLICATION COVER SHEET  
SCHOOL IMPROVEMENT GRANTS

Legal Name of Applicant: <b>Mississippi Department of Education</b>	Applicant's Mailing Address:  P.O. Box 771 Jackson, MS 39205-0771
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State Contact for the School Improvement Grant

Name: **Dr. Jamilliah Longino**

Position and Office: **Executive Director, Office of School Improvement**

Contact's Mailing Address:  
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Email address: **jlongino@mde.k12.ms.us**

Chief State School Officer (Printed Name): <b>Carey M. Wright, Ed.D.</b>	Telephone:
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Signature of the Chief State School Officer: X <i>Carey M. Wright</i>	Date: <i>5/26/16</i>
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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.