ESC LEA MEMO OF UNDERSTANDING

Copy as many pages as needed.

EACH OF THE UNDERSIGNED CERTIFIES that the information contained in this application is complete and accurate, that the local educational agency they represent has authorized them to enter into an agreement regarding McKinney-Vento subgrant funding, and to provide the necessary assurances of compliance with applicable state and federal statutes, rules, and regulations. **The administering agency shall be the fiscal agent and shall thereby incur and record all expenditures of funds available per applicable program provisions, rules, and regulations.**

ADMINISTERING AGENCY

Administering Agency	Date Signed *Mo./Day/Yr.*

Agency Administrator	Signature

DISTRICT INFORMATION

1. LEA/Organization	Date Signed *Mo./Day/Yr.*

District Administrator	Signature

2. LEA/Organization	Date Signed *Mo./Day/Yr.*

District Administrator	Signature

3. LEA/Organization	Date Signed *Mo./Day/Yr.*

District Administrator	Signature

4. LEA/Organization	Date Signed *Mo./Day/Yr.*

District Administrator	Signature

5. LEA/Organization	Date Signed *Mo./Day/Yr.*

District Administrator	Signature

6. LEA/Organization	Date Signed *Mo./Day/Yr.*

District Administrator	Signature