Texas Higher Education
COORDINATING BOARD

## Texas Higher Education Coordinating Board
## Carl D. Perkins State Leadership Grant Year 2023-2024
## Application Cover Page

**Project Title:**

Category: State Leadership

Classification: New

Application Number (THECB USE):

**Applicant Institution:**

Name:
FICE Code:
Mailing Address:
City, State, Zip:

| **Project Director:** | **Institutional Contact:** |
|---|---|
| Name: | Name: |
| Phone: | Phone: |
| Fax: | Fax: |
| E-mail: | E-mail: |

We hereby certify that the information contained in this application is, to the best of our knowledge, correct and that the institution named above has authorized us as its representatives to obligate this institution. We further certify that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, applications guidelines and instructions, the Provisions and Assurances, Debarment and Suspension, Lobbying Certifications, Drug-Free Workplace requirements, Special Provisions and Assurances, and the schedules as applicable. We are in full acceptance of the terms and conditions described in the THECB's RFA for Perkins State Leadership Equitable Access and Opportunity Grant 2023-2024 . It is understood that this application constitutes an offer and, if accepted by the Coordinating Board or renegotiated to acceptance, will form a binding agreement.

| Name/Title of Chancellor/President/CEO from Applicant Institution | Signature | Date |
|---|---|---|
| Name/Title of Chief Financial Officer | Signature | Date |
| Name/Title of Institutional Contact | Signature | Date |

Sensitive