

**Texas Higher Education Coordinating Board
Carl D. Perkins Basic Grant
2025-2026
Application Cover Page**

Project Title:

Category: Basic

Classification: New

Application Number **(THECB USE):**

Applicant Institution

Name:

FICE Code:

Mailing Address:

City, State, Zip:

Project Director

Name:

Phone:

Fax:

E-mail:

Institutional Contact

Name:

Phone:

Fax:

E-mail:

Certification

We 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 Federal Grant Agreement for Perkins Basic Grant 2024-2025. 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. We certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

Signatures

Chancellor/President or Authorized Designee

Signature

Date

Chief Financial Officer or Authorized Designee

Signature

Date

Institutional Contact

Signature

Date