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| **REQUIRED SIGNATURES – SCHOOL DISTRICT SIGNATURE PAGE**To the best of my knowledge and belief, all information in this application is true and correct. I am a co-applicant in the proposed project. This document and participation in this project have been approved by the board (or governing body) of the undersigned organization(s). I will comply with the statement of assurances if the assistance is awarded. |
| a. Printed Name of Authorized Representative  | b. Name of Organization | c. Date Signed |
| d. Signature of Authorized Representative | e. Email | f. Telephone |
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Nebraska Department of Education

Data, Research, and Evaluation

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**Nebraska Two-Year Opportunity Grant**

NDE 04-068

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