

# 2008-09 Consolidated Application for Funding Categorical Aid Programs

California Department of Education

(Part I)

Consolidated Application

<p><b>Purpose:</b> To declare the agency's intent to apply for 2008-09 funding of Consolidated Categorical Aid Programs.</p>	<p><b>Agency:</b> San Diego Unified</p>							
<p><b>CDE Contact:</b> Anne Daniels - (916) 319-0295 - ADaniels@cde.ca.gov</p>	<p><b>CD code:</b></p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">8</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">8</td> </tr> </table>	3	7	6	8	3	3	8
3	7	6	8	3	3	8		
<p><b>Legal status of agency:</b></p> <p><input checked="" type="checkbox"/> School District</p> <p><input type="checkbox"/> County Office of Education</p> <p><input type="checkbox"/> Direct Funded Charter</p>	<p><b>Dates of project duration:</b> July 1, 2008 -- June 30, 2009</p>							
<p>Date of approval by local governing board: 07/08/2008</p>	<p><b>Do not return the paper copy of this form to the California Department of Education.</b></p> <p><b>The ConApp must be submitted electronically using the ConApp Data System (CADS).</b></p>							
<p>Date of LEA Plan approval by State Board of Education: 07/11/2003</p>								
<p style="text-align: center;"><b>Advisory Committees:</b> The undersigned certify that they have been given the opportunity to advise on the pages in this application related to compensatory education programs for English learners.</p>								
<p>                  _____                  Signature-District Advisory Committee (DAC)*                  (Required if the LEA operates a state Compensatory Education program.)</p>	<p style="text-align: center;">09 , 17 , 08 Date</p>							
<p>                  _____                  Signature-District English Learner Advisory Committee (DELAC)*                  (Required if the LEA has 51 or more identified English learners.)</p>	<p style="text-align: center;">09 18 08 Date</p>							
<p style="text-align: center;"><i>OR,</i></p> <p style="text-align: center;">for each committee, check the appropriate box to the right</p>								
<input type="checkbox"/>	<input type="checkbox"/>							
Committee is N/A	Committee refused to sign							
<input type="checkbox"/>	<input type="checkbox"/>							
Committee is N/A	Committee refused to sign							
<p><b>Certification:</b> I hereby certify that all of the applicable state and federal rules and regulations will be observed by this applicant; that to the best of my knowledge the information contained in this application is correct and complete; and I agree to have the use of these funds reviewed and/or audited according to the standards and criteria set forth in the California Department of Education's Categorical Program Monitoring (CPM) Manual. Legal assurances for all programs are accepted as the basic legal condition for the operation of selected projects and copies of assurances are retained on site. I certify that we accept all assurances except for those for which a waiver has been obtained or requested. A copy of all waivers or requests is on file. I certify that actual ink signatures for this page are on file.</p>								
<p>                  _____                  Signature of authorized representative</p>	<p style="text-align: center;">Charles F. Morris                  _____                  Printed name of authorized representative</p>							
<p style="text-align: center;">Chief Curriculum &amp; Staff Dev.                  _____                  Title</p>	<p style="text-align: center;">Officer                  _____                  Date</p>							
<p style="text-align: center;">07/14/2008</p>	<p style="text-align: center;">Date</p>							
<p><input checked="" type="checkbox"/> Electronic certification HAS been completed.</p>	<p><input type="checkbox"/> Electronic certification has NOT been completed.</p>							

\* Signatures of appropriate committee chairpersons certifying opportunity to review and advise in the development of this application will be required in Part II.

# 2008-09 Consolidated Application Comment Form

Page Number  
Page 1: 2008-09 Consolidated Application for  
Funding Categorical Aid Programs (Part I)

CD Code  
3768338

District Name  
San Diego Unified  
School Code

Comments

The District Advisory Committee will review the Consolidated Application at their September meeting.

District English Learner Advisory Committee will review the Consolidated Application at their October meeting.