FORM APPROVED OMB NO. 1810-0036 EXPIRATION DATE: 06/30/2008

Use this form to send a copy of your application to your SEA. Do not send this form to the U.S. Department of Education.

## Transmittal Form

Го:	
	State Education Agency Representative
rom:	

## **School District Name and Address**

Enclosed is a copy of the application for Impact Aid funding that has been submitted to the U.S. Department of Education by our Local Educational Agency. If you have any concerns about the information reported in this application, please contact the Impact Aid Program, U.S. Department of Education within fifteen days of your receipt of this copy. Send your comments along with a copy of the application to:

Catherine Schagh, Director Impact Aid Program U.S. Department of Education 400 Maryland Avenue SW Washington, D.C. 20202-6244

If you do not provide any comments on the application, the U.S. Department of Education will assume that the data and statements in the application are, to the best of your knowledge, true, complete, and correct.