

# Archived Information

Form No.: ED 40-736  
OMB NO.: 1840-0736  
Form Expires: 5/31/2002

## LEARNING ANYTIME ANYWHERE PARTNERSHIPS (LAAP) FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION

### TITLE PAGE

---

**This Application should be sent to:**

No. 84.339

U.S. Department of Education

Application Control Center

Room 3633

Washington, D.C. 20202-4725

1. Application Number:

2. D-U-N-S Number:

3. Tax Identification Number:

4. Project Director (Name and Complete Mailing Address):

5. List of Partners:

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

---

6. Federal Funds Requested:

1st Year only: \_\_\_\_\_

2nd Year (if applicable): \_\_\_\_\_

3rd Year (if applicable): \_\_\_\_\_

4th Year (if applicable): \_\_\_\_\_

7. Total Cost Share Provided:

8. Duration of Project:

Starting Date:

Ending Date:

Total Amount: \_\_\_\_\_

Total No. of Months:

---

9. Proposal Title:

---

10. Brief Abstract of Proposal (DO NOT LEAVE THIS BLANK):

---

11. Legal Applicant (Name & Complete Mailing Address):

12. (Final Proposals only) Are there any research activities involving human subjects planned at any time during the proposed project period?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, then please follow the instructions on following page.

---

13. Certification by Authorizing Official:

The applicant certifies to the best of his/her knowledge and belief that the data in this application are true and correct, that the filing of the application has been duly authorized by the governing body of the applicant, and that the applicant will comply with the attached assurances if assistance is approved.

---

Print Name

Title

Phone

---

Signature

Date

---

**Instructions for Completing Title Page (Form ED 40-736)**

**Specific Instructions**

**Please Note:** Complete Items 1,2, and the Congressional District in Item 10 only at the final proposal stage. However, do complete the rest of Item 10 at the preliminary proposal stage.

**Item 1. Application Number:** Enter the Proposal Reference Number assigned to your preliminary proposal.

**Item 2. D-U-N-S Number:** Beginning in FY 1998, the 9-digit D-U-N-S Number replaced the 12-digit Employer Identification Number (EIN) used in previous years. The D-U-N-S Number is assigned to organizations by Dun & Bradstreet. If you do not know your D-U-N-S Number, call the toll-free telephone number maintained by Dun & Bradstreet: 800-333-0505 (Monday - Friday, 8:30 a.m. - 6:00 p.m. Eastern time).

**Item 3: Tax Identification Number (TIN):** Enter the tax identification number as assigned by the Internal Revenue Service.

**Item 4. Project Director:** Enter the name and complete mailing address of the designated Project Director. If no one has been selected, so indicate and enter the name of the person who can be contacted to discuss the programmatic aspects of the project. NOTE: Name and address listed here will be used to mail proposal status notifications. Do not forget to include the telephone number. Both this address and the Legal Applicant address (Item 9) should be fully completed.

**Item 5. Institutional Information:** List each participating member of the partnership.

**Item 6. Federal Funds Requested:** Enter the amount of Federal funds being requested from FIPSE in the first year of the project. If applicable, enter the amount requested for subsequent years of funding. Under ?total? enter the cumulative amount requested for the life of the project.

**Item 7. Total Cost Share Provided:** Enter the total amount of matching funds for the duration of project (must equal at least 50% of the total cost of the project).

**Item 8. Duration of Project:** Enter the beginning date of the project (no earlier than September 1, 2001). Enter the ending date and the total number of months covered.

**Item 9. Proposal Title:** Self-explanatory.

**Item 10. Brief Abstract of Proposal:** Complete for both preliminary and final proposals. This should be concise and confined to the space provided, but in no case should you leave this space blank. For final proposals, also see instructions under ?submission procedures? requesting a separate one-page abstract.

**Item 11. Legal Applicant:** Enter the name and complete mailing address of the non-profit institution or organization which will serve as the legal applicant (fiscal agent). When more than one institution or agency is involved, enter the name of the one which will be responsible for budget control. Official notifications of grant awards are sent to this address. Remember to complete this section fully.

**Item 12. Human Subjects. (Final Proposals Only)** Check “Yes” or “No” If research activities involving human subjects are not planned at any time during the proposed project period, check “No.” If research activities involving human subjects, whether or not exempt from Federal regulations for the protection of human subjects, **are** planned **at any time** during the proposed project period, either at the applicant organization or at any other performance site or collaborating institution, check “Yes” and complete the following:

a. If “Yes,” Exemption (s)#: \_\_\_\_\_ b. Assurance of Compliance #: \_\_\_\_\_  
OR

c. IRB approval date: \_\_\_\_\_ Full IRB or  
\_\_\_\_\_ Expedited Review

If **all** the research activities are designated to be exempt under the regulations, enter above, in item 12a, the exemption number(s) corresponding to one or more of the six exemption categories listed in **“Protection of Human Subjects in Research”** attached to this form. Provide sufficient information in the application to allow a determination that the designated exemptions in item 12a, are appropriate. **Provide this narrative information in an “Item 12/Protection of Human Subjects Attachment” and insert this attachment immediately following the title page. Skip the remaining parts of item 12.**

If **some or all** of the planned research activities involving human subjects are covered (nonexempt), skip item 12a and continue with the remaining parts of item 12, as noted below. In addition, follow the instructions in **“Protection of Human Subjects in Research”** (available as part of ED 424 on the web at <http://www.ed.gov/offices/OCFO/humansub.html>) to prepare the six-point narrative about the nonexempt activities. **Provide this six-point narrative in an “Item 12/Protection of Human Subjects Attachment” and insert this attachment immediately following the title page.**

**If the applicant organization has an approved Multiple Project Assurance of Compliance** on file with the Grants Policy and Oversight Staff (GPOS), U.S. Department of Education, or with the Office for Protection from Research Risks (OPRR), National Institutes of Health, U.S. Department of Health and Human Services, that covers the specific activity, enter the Assurance number in item 12b and the date of approval by the Institutional Review Board (IRB) of the proposed activities in item 12c. This date must be no earlier than one year before the receipt date for which the application is submitted and must include the four (4) digit year (e.g., 2000). Check the type of IRB review in the appropriate box. An IRB may use the expedited review procedure if it complies with the requirements of 34 CFR 97.110. If the IRB review is delayed beyond the submission of the application, enter **“Pending”** in item 12c. If your application is recommended/selected for funding, a follow-up certification of IRB approval from an official signing for the applicant organization must be sent to and received by the designated ED official within 30 days after a specific formal request from the designated ED official. **If the applicant organization does not have** on file with GPOS or OPRR **an approved Assurance of Compliance** that covers the proposed research activity, enter **“None”** in item 12b and skip 12c. In this case, the applicant organization, by the signature on the application, is declaring that it will comply with 34 CFR 97 within 30 days after a specific formal request from the designated ED official for the Assurance(s) and IRB certifications.

**Item 13. Certification by Authorizing Official:** Enter the name, title, and telephone number of the official who has the authority to commit the organization to accept Federal funding and to execute the proposed project. Submit the original ink-signed copy of the authorizing official’s signature.