Title I-A Carryover Waiver Request

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| **LEA Information** |
| LEA Name | LEA Number | Mailing Address |
|  |  |  |
| Contact Person | Telephone Number | Date of Request |
|  |  |  |

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| --- |
| **Grant Information** |
| Fiscal Year Funds |  |
| Project ID Number |  |
| Original Grant Award Amount  | $ |
| What percent of your award are you requesting to carry over? |  % |
| Amount of your award you are requesting to carry over? | $  |
| **Please fill out the following questions in detail:** |
| Why were these projects not completed by the Project End Date? |
|  |
| How are you planning to use these funds (activities, projects, etc.)? |
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| Please provide a detailed timeline as to how you will be spending down these funds. |
|  |
| **I hereby certify that to the best of my knowledge the information contained in this waiver request is correct, and that this project will be administered in accordance with the provisions of the program and regulations issued by the Secretary of Education. Additionally, I understand that this waiver request will only be granted once every three years in accordance with Title I regulations.** |

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| Signature of Authorized District Representative | Title |

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| **WDE Use Only** |
| Was this waiver approved? | [ ] Yes | [ ] No, Reason: |

|  |  |
| --- | --- |
|  |  |
| Signature of the Wyoming State Title I Director | Date Granted |

***Please submit completed Waiver Request to:***

 **Wyoming Department of Education**

 Attention: State Title I Director

 2300 Capitol Avenue, Hathaway Building, 2nd Floor

 Cheyenne, WY 82002-0050