

**Mississippi Development**  
**Authority**

**INDEPENDENT SCHOOLS' COVID-19**  
**ASSISTANCE GRANT PROGRAM**  
**APPLICATION**

**August 2020**

**INDEPENDENT SCHOOLS' COVID-19 ASSISTANCE GRANT  
PROGRAM APPLICATION**

Full Legal Name of the Eligible Independent School:

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School Designation (Please check box):  Primary  Secondary  University

Physical Address of the Eligible Independent School:

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Eligible Independent School Phone Number 

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Eligible Independent School Email Address 

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Eligible Independent School Primary Contact (POC): 

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Name of the School's Accrediting Organization 

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Dates of any interruption in learning incurred by the school 

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A narrative demonstrating the entity's need for grant funding from the Program, along with a description of the purpose for which grant funds will be used to mitigate the impact of COVID-19 on the operation of the entity and its delivery of instruction.

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Name of the representative with legal authority to bind the entity:

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Please list the types and amounts of funds the entity has applied for and/or received any funds from federal, state, or other programs covering cost related to COVID19:

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If the Eligible Independent School attests that other funds were received (above), does the Eligible Independent School have ongoing Eligible Expenses not covered by those funds received to date?

(check one)  Yes  No

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The Eligible Independent School and designated Representative of the School by affixing his or her signature below, certifies that the following statements are understood:

In addition to providing answers to these questions, the entity must certify by a representative with authority to bind the entity that it understands and agrees to certain required provisions, including the following statements:

- That the Eligible Independent School understands and agrees to follow and obey all provisions of the Program, including but not limited to, the Independent Schools Act and the Rules;
- That if the Eligible Independent School is found to be fully or partially noncompliant with any Program requirements, it will be required to return all or a portion of the monies received from the Program, as well as being subject to additional civil and criminal penalties;
- That the Eligible Independent School certifies and acknowledges that by accepting reimbursement for Eligible Expenses under the Program, it may be subject to additional monitoring, oversight, and/or auditing by the U.S. Department of Treasury's Office of the Inspector General, the Mississippi Office of the State Auditor, the Mississippi Development Authority, or such other federal or state agencies with authority to conduct such reviews;
- That the Eligible Independent School is operating within and is located in the State of Mississippi; and
- That the Eligible Independent School did not receive and has not been awarded reimbursement under any other federal, state, or other program for the Eligible Expenses that it is submitting for reimbursement from Program funds.
- The Application must be signed under penalty of perjury by a representative of the entity with authority to bind it that all responses and statements are true and correct and are not false, fraudulent, or materially misleading.
- All supporting information requested in the Application must be provided. The failure of an entity to fully complete this Application and/or to agree to the required certifications and representations will result in the Application to be disqualified.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_