

|  |                                 |                         |
|--|---------------------------------|-------------------------|
| <b>eGrants</b><br>TEXAS EDUCATION AGENCY | Organization: Como-Pickton CISD | County District: 112908 |
| SAS#: NCLBAA17                           | Campus/Site: N/A                | ESC Region: 08          |
|  | Vendor ID: 1751214917           | School Year: 2016-2017  |

2016-2017 NCLB Consolidated Federal Grant Application

PR6000

PR6000 - Gun-Free Schools District Report

|  |             |           |
|--|-------------|-----------|
|  | Amendment # | Version # |
|  | 00          | 01        |

LEA Report [Help](#)

- |    |   |  |
|----|---|--|
| 1. | Will the LEA request any federal funds in 2017-2018 under the Elementary and Secondary Education Act, as amended?   | j <input type="radio"/> Yes j <input type="radio"/> No |
| 2. | Were any students found to have brought a firearm (as defined by Title 18 U.S.C., Section 921) to school? Include students even if expulsion was shortened or no penalty was imposed. | j <input type="radio"/> Yes j <input type="radio"/> No |

Additional LEA Data (optional) 1000 of 1000

**Primary Contact**

|              |          |              |                   |          |                   |          |
|--------------|----------|--------------|-------------------|----------|-------------------|----------|
| First Name   | 26 of 30 | Initial      | Last Name         | 25 of 30 | Title             | 26 of 40 |
| Greg         |          |              | Bower             |          | Superintendent    |          |
| Telephone    | Ext.     | Fax          | E-Mail            | 44 of 60 | Confirm E-Mail    | 44 of 60 |
| 903-488-3671 | 1030     | 903-488-2015 | gbower@cpcisd.net |          | gbower@cpcisd.net |          |

Copy - Copy Primary Contact information to Authorized Official.

**Certification and Incorporation Statement**

I hereby certify that the information contained in this report is, to the best of my knowledge, correct and that the local education agency named above has authorized me as its representative to submit this data. I further certify that reported program activities were conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, the Provisions and Assurances, Debarment and Suspension, Lobbying Requirements, Special Provisions and Assurances, and the schedules of the approved application for funding.

**Authorized Official**

|              |          |              |                     |          |  |          |
|--------------|----------|--------------|---------------------|----------|--|----------|
| First Name   | 26 of 30 | Initial      | Last Name           | 23 of 30 | Title                                  | 2 of 40  |
| Jana         |          |              | Andrews             |          | Director of Federal & Special Programs |          |
| Telephone    | Ext.     | Fax          | E-Mail              | 41 of 60 | Confirm E-Mail                         | 41 of 60 |
| 903-488-3671 | 5160     | 903-488-2015 | andrewsj@cpcisd.net |          | andrewsj@cpcisd.net                    |          |

**Submitter Information**

|            |           |             |                      |
|------------|-----------|-------------|----------------------|
| First Name | Last Name | Approval ID | Submit Date and Time |
| Jana       | Andrews   | jandrew0307 | 6/5/2017 5:16:59 PM  |

Only the legally responsible party may submit this report.