

**2014-2015 Title I  
ESEA Preliminary Application  
COVER SHEET**

**School District:**

**Superintendent or  
Authorized  
Representative's Signature:** \_\_\_\_\_

**This field must be completed  
in order for the application  
to populate with your  
District's information**

**Title:**

**Date:**

The authorized representative of the above named applicant certifies to the New Mexico Public Education Department that the information contained in the application is accurate and complete and certifies compliance with all applicable requirements.

The governing body of the above-named applicant has approved this application and has authorized the individual signing above as its representative to submit this application as recorded in the minutes of the local Board of Education meeting.

**Board of Education**   
**Meeting Date:**

**TITLE I GRANTS COORDINATOR:**

**First/Last Name:** Jeanne Fields  
**E-mail Address:** [dfields@gisd.k12.nm.us](mailto:dfields@gisd.k12.nm.us)  
**Phone Number:** (575) 882-6758  
**Summer Contact Number:** (915) 497-6509 (cell)