


Report Status: Submitted		FORMULA		Report ID: 0021000606490001			
		Organization: Hallettsville ISD		County District: 143901002			
		Campus/Site: G O A L S PROGRAM		ESC Region: 03			
		SAS#: ESSAAA18		Vendor ID: 1746001029		School Year: 2017-2018	
2017-2018 ESSA Consolidated Federal Grant Application							
PR1500							
PR1500 - Equity Data Survey							
				Amendment #	Version #		
				00	01		
<input type="checkbox"/> District Not Required to Report This Campus (if selected, go to Part 6 to submit report)							
<input type="checkbox"/> District is a District of Innovation that has access exemptions from state certification requirements							
Part 1: LEA Information							
Campus Name		G O A L S PROGRAM					
Campus Number		143901002					
Parts 2 through Part 5 are hidden because you checked "District Not Required to Report This Campus" checkbox. If you wish to enter data on these parts, uncheck the checkbox and all the parts will reappear.							
Part 6: Certification and Incorporation							
Primary Contact							
First Name		24 of 30	Initial	Last Name	24 of 30	Title	26 of 40
Jo Ann				Bludau		Superintendent	
Telephone	Ext.	Fax	E-Mail		36 of 60	Confirm E-Mail	36 of 60
361-798-2242		361-798-5902	jabludau@hisdbrahmas.org			jabludau@hisdbrahmas.org	
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 State laws and regulations, 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							
<input type="button" value="Copy"/> Click this button if the Authorized Official's contact information is the same as the Primary Contact information.							
First Name		24 of 30	Initial	Last Name	24 of 30	Title	26 of 40
Jo Ann				Bludau		Superintendent	
Telephone	Ext.	Fax	E-Mail		36 of 60	Confirm E-Mail	36 of 60
361-798-2242		361-798-5902	jabludau@hisdbrahmas.org			jabludau@hisdbrahmas.org	
Submitter Information							
First Name		Last Name		Approval ID	Submit Date and Time		
Beverly		Wyatt		bwyatt1124	11/7/2017 4:12:53 PM		
Only the legally responsible party may submit this report.							
<input type="button" value="Certify and Submit"/>							