

**THE COMPREHENSIVE PROGRAM  
FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION**

**TITLE PAGE**

Check one: Preliminary Proposal  Final Proposal

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**This application should be sent to:**

No. 84.116A

U.S. Department of Education

Application Control Center

Room 3633, ROB-3

Washington, D.C. 20202-4725

1. Application Number

2. D-U-N-S Number:

Employer Identification No.:

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3. Project Director (Name and Mailing Address)

4. Institutional Information

Highest Degree Awarded:

Two-year

Four-Year

Graduate

Doctorate

Non-degree granting

Type:

Public

Private

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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5. Federal Funds Requested:

6. Duration of Project:

1st Year \_\_\_\_\_

2nd Year (if applicable) \_\_\_\_\_

3rd Year (if applicable) \_\_\_\_\_

Total Amount: \_\_\_\_\_

Starting Date \_\_\_\_\_

Ending Date \_\_\_\_\_

Total No. of Months \_\_\_\_\_

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7. Proposal Title

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8. Brief Abstract of Proposal (*DO NOT LEAVE THIS BLANK*)

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9. Legal Applicant: (Name and Mailing Address)

10. Population Directly Benefiting from the Project:

\_\_\_\_\_

Congressional District of the Applicant Institution:

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11. Certification by Authorizing Official

The applicant certifies to the best of his/her knowledge and belief that the data in this application are true and correct, that the filing of the application has been duly authorized by the governing body of the applicant, and that the applicant will comply with the attached assurances if assistance is approved.

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Print Name

Title

Phone

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Signature

Date

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