Attachment C

Part II - FY 2003
ETV Program Request for Funds

Federal Funds Requested $ _____

State Match Amount $ _____

Sources: _____

_____

Request for Re-allotted Funds, (if available) $ _____

I certify that I am authorized to submit for the State of _____, the FY 2003 and 2004 application for ETV Program funds.

Application submitted by:

_____
Name

_____
Title

_____
Signature

_____
Date

Approval Date: _____

_____
Signature - ACF Regional Administrator