

## Part IB: Program Assurances Form

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the Early Literacy Grant – Professional Development application, and the receipt of program funds.

On \_\_\_\_\_ (date), the Board of \_\_\_\_\_ (district/BOCES/CSI) hereby agrees to the following assurances:

1. The grantee will annually provide the Colorado Department of Education (CDE) with the required evaluation information and End-of-Year Program Report described in the request for proposals.
2. The grantee will work with and provide requested data to CDE for the grant program within the timeframes specified.
3. Involved school(s) will not discriminate against anyone on the basis of race, gender, national origin, color, disability, sexual orientation, age, or any other protected class in Colorado.
4. The grantee will maintain appropriate fiscal and program records for funded project(s) and will conduct fiscal audits of funded project(s) as a part of their regular audits.
5. The grantee will retain all records of the program for five years and access to those records will be available for the purposes of review and audit.
6. If any findings of misuse of these funds are discovered, project funds will be returned to CDE.
7. The grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.

CDE may terminate a grant award upon thirty days' notice if it is deemed by CDE that the applicant is not fulfilling the requirements of the funded program as specified in the approved project application, or if the program is generating less than satisfactory results.

Project modifications and changes in the approved budget must be requested in writing and be approved in writing by the CDE before modifications are made to the expenditures. Submit budget change requests [here](#).

_____ Name of Organization Board President (School Board, BOCES, Charter School)	_____ Signature	_____ Date
_____ Name of Organization Authorized Representative (Superintendent, Charter School Institute, BOCES Executive Director)	_____ Signature	_____ Date
_____ Name of Program Contact	_____ Signature	_____ Date

**Note:** You must upload a copy of this page to the [online application](#). If grant application is approved, funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting the application.