# Part IC: Program Assurances Form

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the application Colorado Student Wellness Grant, and the receipt of program funds.

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| On | (date) | , 2021, the Board of | (district/BOCES/CSI) |

hereby agrees to the following assurances:

1. The grantee will annually provide the Colorado Department of Education the evaluation information required in the Mid-Year Report (**Attachment C**) and the End-of-Year Report (**Attachment D**) of the Request for Proposal.
2. The grantee will work with and provide requested data to CDE for the Student Wellness Grant within the time frames specified.
3. The grantee will be required to attend two, one-day, training/meetings in the Denver metro area.
4. Grantees will be required to attend monthly virtual collaborative meetings.
5. The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
6. Funds will be used to supplement and not supplant any funds currently being used to provide student health and wellness services for students in schools and grant dollars will be administered by the appropriate fiscal agent.
7. Funded projects will maintain appropriate fiscal and program records and that fiscal audits of this program will be conducted by the grantees as a part of their regular audits.
8. If any findings of misuse of these funds are discovered, project funds will be returned to CDE.
9. An Annual Financial Report (AFR) will be submitted to CDE on a yearly basis.
10. The grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.

The Colorado Department of Education 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. Contact Matt Freeman (Freeman\_M@cde.state.co.us and Shannon Milliken (Milliken\_S@cde.state.co.us) for any modifications.

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

**Note:** 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.

**Program Assurances Form: Additional Signatures Page for District(s)**

Use only if applicable. Add additional lines as needed.

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| School/District and Name of Authorized Representative(Superintendent, Charter School Institute, BOCES Executive Director, Charter School President) |  | Signature |  | Date |
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| School/District and Name of Authorized Representative(Superintendent, Charter School Institute, BOCES Executive Director, Charter School President) |  | Signature |  | Date |
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