

## STATEMENT OF ASSURANCES FOR PARTNERSHIP MEMBERS

APPLICANT:		
PARTNER ORGANIZATIONS:		
CONTACT NAME:	TITLE:	
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	FAX:	E-MAIL:

### 2017-18 District/ESD/Partner Statement of Assurances

- The partnership member assures and certifies compliance with the regulations, policies and requirements as they relate to the acceptance and use of federal funds for programs included in this application.
- The partnership member assures and certifies compliance with the Children’s Internet Protection Act (CIPA) regulations, policies and requirements.
- The partnership member assures that timely and meaningful consultation with appropriate private school officials during the design and development of programs has occurred and that continued consultation throughout the implementation of funded activities will occur.
- The partnership member agrees to carry out the project as proposed in the application.
- None of the monies received through Mathematics and Science Partnership Program (Indiana Title IIB MSP) Grants shall be used to replace funds for existing programs that are a responsibility of the school district. Indiana Title IIB MSP Funds may be used to supplement not supplant regular education programs.
- On or before April 30, 2018 the partnership member will cooperate in collecting data for a final evaluation report to the Indiana Department of Education. In addition, the partnership member will submit data requested by US Department of Education.
- All requested information related to grant activities will be provided to IDOE in a timely manner.

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Signature of Authorized Agent	Title	Date
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Print Name of Authorized Agent	Title	Date
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