# Part IB: Program Assurances Form

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the application **Mentor Program Grant**, and the receipt of program funds.

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| On | (date) | , 2022, 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 beginning, mid, and end-of-year survey of the Request for Applications.
2. The grantee will work with and provide requested data to CDE for the above named surveys within the time frames specified.
3. The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
4. 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.
5. If any findings of misuse of these funds are discovered, project funds will be returned to CDE.
6. 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 Tricia Miller ([Miller\_T@cde.state.co.us](mailto:Miller_T@cde.state.co.us)) and Kristin Kipp ([Kipp\_K@cde.state.co.us](mailto:Kipp_K@cde.state.co.us)) for any modifications.

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