

Approval and Transmittal Form

FY 2017-2018 ESSA Consolidated Programs Application

On _____, 2017, the board, of _____, reviewed the contents of the FY 2017-2018 ESSA Consolidated Programs application and have indicated their approval for submission to CDE through their signatures below.

In consideration of the receipt of these grant funds, the local education agency (LEA)/BOCES/Consortium lead School Board (the Board) agrees to comply with the assurances and provisions included in the ESEA General Assurances form and Grant Award Notification (GAN). The Board also certifies that the LEA will meet all program and pertinent administrative requirements. This includes the Education Department General Administrative Regulations (EDGAR), 2 CFR Part 200 (Uniform Grants Guidance) Accounting Circulars, and the U.S. Department of Education's General Education Provisions Act (GEPA) requirements. In addition, the Board certifies that:

- the LEA is in compliance with the requirements of the federal Children's Internet Protection Act
- no policy of the LEA prevents, or otherwise denies participation in constitutionally protected prayer in public elementary and secondary schools.

Further, the Board certifies that it understands all the rules and regulations associated with the receipt of ESSA Program funds, including those not specifically enumerated above, and will take action to ensure the complies with all such requirements.

Finally, by agreeing to the relinquishment of any No Child Left Behind (NCLB) Act or Every Student Succeeds Act (ESSA) Program funds within a BOCES/Consortium, the LEA has engaged in meaningful consultation with the BOCES/Consortium lead regarding the relinquishment of the NCLB/ESSA Program funds.

Signature of Board President
(District /BOCES/Consortium)

Signature of Authorized Representative
(District /BOCES/Consortium)

Name of Board President
(District /BOCES/Consortium)

Name of Authorized Representative
(District /BOCES/Consortium)

Date

Date



COLORADO
Department of Education