

Part IB: Computer Science Education Grants for Teachers - Program Assurances Form

(Complete and upload a scanned copy into the [online application](#).)

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the Computer Science Teacher Education Grant Program application, and the receipt of program funds.

On _____ (date) _____, 2020, the Board of _____ hereby applies for and, if awarded, accepts the state funds requested in this application. In consideration of the receipt of these grant funds, the Board agrees that the General Assurances form for all state funds and the terms therein are specifically incorporated by reference in this application. The Board also certifies that all program and pertinent administrative requirements will be met. In addition, grantees that accept **Colorado's Computer Science Education Grants for Teachers Program** funding agree to the following assurances:

1. The grantee will annually provide the Colorado Department of Education the evaluation information required on page 5 and in the End-of-Year Program Report (**Appendix B**) of the Request for Proposal.
2. The grantee will work with and provide requested data to CDE for the Grant Program within the timeframes specified.
3. The school 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 fiscal audits of this program will be conducted by the grantees as a part of their regular audits.
5. All records of the program will be retained 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.
8. If the number of teachers registered to attend the regional trainings do not attend the trainings, the grantee will reimburse the Department the costs of the unattended trainings.

_____ Name of Board/BOCES President	_____ Signature of Board/BOCES President	_____ Date
_____ Name of District Superintendent/BOCES Executive Director/CSI Executive Director	_____ Signature of District Superintendent/BOCES Executive Director/CSI Executive Director	_____ Date
_____ Program Contact	_____ Signature of Program Contact	_____ Date

Note: If grant is approved, funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting the application.