# APPENDIX “B”

# PERKINS*plus* Grant

# Perkins V Reserve Grant Application Assurances

# Fiscal Year 2020

The grant applicant hereby assures that:

1. All programs, services, and activities covered by this Grant Application will be operated in accordance with state and federal laws, regulations, and approved rules as established by the State Board of Education and the State Plan for Career and Technical Education.
2. Funding will be allocated in accordance with state and federal laws, regulations, and approved rules as established by the State Board of Education and is targeted toward preparing students for high-skill, high wage, and high-demand occupations and/or secondary to postsecondary transition activities.
3. Expenditures will comply with the standard accounting procedures and guidelines established by the State Board of Education, federal legislation and CTAE Grant Budget Guidance.
4. Grant funds will not be expended in any manner other than as outlined in the budget section of the approved grant application.
5. Federal Perkins IV funds will supplement, and will not supplant, non-federal funds expended to carry out the activities of the grant.
6. Permission will be granted to use this grant proposal and its results, if funded, for informational purposes for other education agencies.
7. If required by the Application, all teams will be allowed release time to meet and plan the project.
8. By signing this assurance, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award.  I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

System Name System Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CTAE Director (Original Signature) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent (Original Signature) Date