# Part III: Program Assurances Form

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the application **School Nurse Workforce 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 Mid-Year Report and the Year End Report (**Attachment A**) of the Request for Applications.
2. The grantee will work with and provide requested data to CDE for 18 months within the time frames specified.
3. The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
4. Funds will be used to supplement and not supplant any funds currently being used to provide school nursing services and/or to recruit, hire, convert, or retain FTE school nurses.
5. School Nurse Workforce Grant dollars will be administered by the appropriate fiscal agent.
6. 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.
7. If any findings of misuse of these funds are discovered, project funds will be returned to CDE.
8. 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) and Jacklyn Thompson (Thompson\_J@cde.state.co.us) for any modifications.

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

**Note:** Upload the Program Assurances Form within the [**online application**](http://www.cde.state.co.us/healthandwellness/schoolnurseworkforceapplication). Funding will not be awarded until all signatures are in place. Applications may be submitted without signatures; however, please attempt to obtain all signatures before submitting the application.