

Wyoming Trust Fund for Innovative Education GRANT APPLICATION ASSURANCES PAGE

APPLICANT DISTRICT INFORMATION

Applicant District: _____

Address: _____

Superintendent: _____

District Contact:
(Name, Email, Phone) _____

GRANT INFORMATION

Grant Title: _____

Total Amount Requested: _____

ASSURANCES

If successful in securing funds for an innovative education grant, applicant district agrees to the following:

1. Must abide by all district, state and federal laws applicable to the grant.
2. Must guarantee compliance to federal, state and local fiscal guidelines and reporting requirements applicable to the grant.
3. Must provide a written self-evaluation by **June 1, 2019**. Although you may develop and submit your own self-evaluation statement, an optional format is enclosed for your perusal.
4. Must agree to send a district representative to present the project overview and results at a state level Conference.
5. Establishes separate district file for grant program to account for all expenditures on this grant.

Signature of Superintendent: _____

Date: _____

Phone: _____