Appendix B

Grant Specific Assurances

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| **Statement of Grant Specific Assurances**The grantee assures the following, if awarded a grant: |
| **1** | The grantee plans to offer, beginning next school year, a qualifying credential program from the Governor’s Office of Workforce Transformation Innovative Workforce Incentive Program list. If this grant award is accepted, the grantee agrees to prepare students to earn the qualifying credential(s) in this application. |
| **2** | The grantee will report students that earned the qualifying credential(s) from the Governor’s Office of Workforce Transformation Innovative Workforce Incentive Program list requested through this grant in the Education Management Information System. If no credentials are reported as earned, the Department reserves the right to request the grantee return the full amount of awarded funds. |
| **3** | Expenditures will be incurred by June 30, 2023. If awarded funds are not used by Jan. 1, 2023, the balance of awarded funds must be returned to the Ohio Department of Education. |
| **4** | The grant funds will not be used to pay for the cost of a student’s credential exam. |
| **5** | The Department may terminate the grant award upon 30 days written notice if it is determined that the grantee, grantee staff or any individuals connected with the credential program have used grant funds for personal gain, performed criminal activities or broken any of the agreed-upon assurances listed in the grant application. If it is determined that any grant funds have been misused, the Department reserves the right to request the grantee return the full amount of awarded funds. |
| **6** | The grantee will maintain records, including but not limited to invoices, purchase order requests, requisition orders, receipts, student and teacher credentialing certificates and related documentation of earned credentials. Grantee will provide the Ohio Department of Education access to those records in the conduct of audits or for supporting budget documentation. This cooperation includes access without unreasonable restrictions to its records and personnel for the purpose of obtaining relevant information. |
| **CERTIFICATION** |
| I HEREBY CERTIFY that, to the best of my knowledge, the information in this application is correct.The applicant designated below hereby applies for an Innovative Workforce Incentive Program Implementation Grant for the purpose of establishing a qualifying credential program from the Governor’s Office of Workforce Transformation Innovative Workforce Incentive Program list and acknowledges to all Statement of Grant Specific Assurances.**Signature of Authorized Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**Printed Name of Authorized Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |