

Certifications and Assurances
Title II Grant Funds
Carl D. Perkins Career & Technical Education Act of 2006

IMPORTANT: You may submit this form through email (if scanned to PDF), fax or regular mail. If faxing, a hard copy must be mailed as well. Please note late, incomplete or unsigned forms will delay distribution of funds. Please use the following contact information:

Address to:

Perkins Coordinator
perkins@montana.edu

2500 Broadway
Helena, MT 59620

Fax: 406.444.1469
Phone: 406.444.0318

Title II Funds Recipient:

Address:

City, State & Zip:

Grant Year:

Certification and Assurances: I certify to the best of my knowledge and belief the following:

The applicant will comply with the requirements of P. L. 109-270 (the Perkins IV Act) and all applicable federal and state rules and regulations including timely reporting of fiscal and programmatic data. In particular, 109-270 funds will be used to supplement, and in no case to supplant, state or local funds.

The applicant assures the Montana Board of Regents that services provided under the approved project will be provided in accordance with P.L. 109-270, will not discriminate or violate provisions of Title IX of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964, or Section 504 of the Rehabilitation Act of 1973.

The detailed budget and budget narrative submitted are correct, complete and are for the purposes set forth in the application documents. The proposed funded activities are within the parameters of the Required and Permissible uses for these funds (section 135 of P.L. 109-270).

The Non-Construction, Lobbying and Debarment assurance forms signed for the receipt of Title I Perkins funds (Local Application Grants) apply to these Title II Perkins funds. If not receiving Title I funds, please print and sign these assurance forms from this website http://mus.edu/wd/grant_apps.asp and submit with this form.

Signature for President, CEO, Dean or Grant Administrator

Date

Signature for Project Manager or Contact

Date

Signature for Fiscal Agent

Date