



**Assistive Technology Infusion Project
470 Glenmont Avenue
Columbus, Ohio 43214-3292**

**Assistive Technology Infusion Project
Superintendent Assurances Form**

We assure the Assistive Technology Infusion Project (ATIP) that:

1. Funds received under this grant shall be expended to purchase assistive technology for the individual student(s) for which application(s) were awarded.
2. The fiscal agent shall execute and disperse funds in accordance with the prescribed grant timeline as provided by the Assistive Technology Infusion Project.
3. The fiscal agent shall use fiscal control and fund accounting procedures that will ensure proper disbursement and accounting of funds received pursuant to the grant application(s).
4. The grantee shall keep records and provide information to the Assistive Technology Infusion Project as reasonably may be required for fiscal audit and program evaluation.
5. This School District, pursuant to all federal, state, and local statutes, is eligible to receive and disburse funds and is not under suspension or disbarment.
6. The grantee will facilitate permanent loan of the assistive technology device(s) to the student(s) as he/she/they transition(s) to other classrooms, environments, buildings, or districts.
7. The grantee will provide for repair and maintenance of assistive technology devices purchased with the awarded funds.
8. The district will provide professional development and technical support related to this project.
9. The grantee will submit a current IEP/IFSP that reflects the assistive technology awarded through the grant.
10. The grantee will complete the Assistive Technology District Profile.
11. The district has taken steps to remove barriers that may exist for the equitable access to, or equitable participation in, opportunities for federal funds by all eligible students in the district under the Assistive Technology Infusion Project. Specifically, consultation shall occur "during the design and development" of a district plan to apply for ATIP funds for all eligible students in the district, regardless of where they are being served, and prior to any decision "that affects their opportunities" to participate in the program.

The signature of the Superintendent indicates awareness and approval of the application and assurances listed herein. The School District Board of Education will continue support for this grant during the life of the grant regardless of changes in board membership or staff transitions.

PRINT Name of Superintendent

Superintendent Signature

Date ____ / ____ / ____

District

County

Complete and return to ATIP, c/o Kim Finnerty, 470 Glenmont Avenue, Columbus, OH 43214-3292. Thank you.