

NOTIFICATION OF RESPONSIBILITY FORM

Please Read Carefully Before Signing

Funding Agency Name					
Type of Agency	State:	Federal:	Foundation:	Private:	Other:
Title of Grant Opportunity/Program					
Project Manager	Name:		Phone Number:		
Building Assignment:	Email:				
Project Title and Brief Description					
Total Budget:		In-kind/Matching Required Select one	Yes or No	If yes, list matching source and amount.	
Schools/Classrooms/Programs Benefited					
Beginning Date of Grant		Ending Date of Grant			

NOTIFICATION OF RESPONSIBILITY:

I voluntarily agree to accept responsibility for all fiscal and reporting activities involved in managing the project(s) that I have indicated above (the "Project") at Colcord Public Schools, including reimbursements denied due to improper procedure and/or documentation and travel requests/expenses not timely cancelled. I recognize that this acceptance may result in my school and/or department being assessed the cost of such denied expense/reimbursement requests. I further recognize that this acceptance may result in my being personally assessed the cost of travel reimbursements/expenses should I fail to timely cancel or abide by Colcord Public Schools travel regulations. I also recognize that there are both foreseeable and unforeseeable risks of expense/reimbursement request denial depending upon the federal and state regulations as well as regulations of the funding agency and/or Colcord Public Schools that cannot be specifically listed. I acknowledge that I am responsible for ensuring that fulfillment of my fiscal and reporting responsibilities is adequately documented and in compliance with the federal, state, funding agency, and Colcord Public Schools regulations. I also acknowledge that it is my responsibility to check with the proper personnel if I have any questions regarding my compliance with all regulations and requirements. I further acknowledge that it is my responsibility to send a note of thanks (or equivalent) to all private or foundational funding agencies from whom I am awarded a grant.

By signing this release, I hereby certify that I have read and fully understand the conditions herein provided.

Project Manager Signature

Date

Principal/Superintendent Signature

Date

Any questions related to this form, please contact: Mr. Bud Simmons, Superintendent -
 bsimmons@colcordschools.com 918-326-4116. Submit the completed Notification of Responsibility Form to the Administration Office.