

## NOTIFICATION OF RESPONSIBILITY FORM

**Please Read Carefully Before Signing**

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

### 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.