# 2018-2019 Adult Education Grant Continuation Assurances

The applicant organization, legally entitled _____, gives assurances to the Indiana Department of Workforce Development, that:

1. The information provided in this application is accurate and constitutes a firm request for assistance to conduct an adult education program under the Adult Education Act and Family Literacy Act, Title II of the Workforce Innovation and Opportunity Act.

2. The applicant agency has the necessary legal authority to apply for and receive the proposed grant.

3. If approved, the proposed program will be conducted in accordance with all relevant federal and state laws, with the *WIOA State Plan for the State of Indiana*, and with any other applicable policies and administrative guidelines issued by the State Workforce Innovation Council and the Indiana Department of Workforce Development. Specific assurance is given that:

    a. Federal funds received under the Adult Education and Family Literacy Act will be used to supplement the amount of state and local funds available for uses specified in the act and, in no case, to supplant such state and local funds.

    b. Each grant will be maintained in a separate ledger account.

    c. The applicant will take necessary steps to ensure equitable access to and participation in its adult education program by addressing the special needs of students, teachers, or other program beneficiaries in order to overcome barriers to equitable participation, including barriers based on gender, race, color, national origin, disability, and age.

4. The adult education program will be coordinated with and not duplicative of services, programs, or activities made available to adults in the community under other federal, state, and local programs including: Workforce Innovation and Opportunity Act, Title I, III, and IV; Vocational and Technical Education Act of 1998: Education of the Handicapped Act; Higher Education Act of 1965; and the Domestic Volunteer Service Act.

5. The applicant will comply with the policy of the Indiana Department of Workforce Development not to discriminate on the basis of race, color, religion, sex, national origin, age, or handicap as required by the Indiana Civil Rights Act (I.C. 1971, 22-9-1), Public Law 218 (I.C. 19971 title 20), Titles VI and VII (Civil Rights Acts of 1964), The Equal Pay Act of 1973, Title IX (1972 Education Amendments), and Section 504 (Rehabilitation Act of 1973).

6. If a representative other than the chief administrative officer has been duly authorized to submit this application for and on behalf of the applicant, and if the undersigned is fulfilling the duties so delegated, the applicant verifies such authorization by attaching a copy of the official authorizing document to this application.

7. No board or staff member of this applicant agency will participate in, or make recommendations with respect to, an administrative decision regarding this project if such a decision can be expected to result in any benefit or remuneration, such as a royalty, commission, contingent fee, brokerage fee, consultant fee, or other benefit to him/her or any member of his/her immediate family.

8. All equipment acquired under the Adult Education and Family Literacy Act will be used continually for the purposes specified in the approved program proposal throughout the period of active federal funding; administrative control of such equipment and other property acquired with these funds will be retained by the Indiana Department of Workforce Development.

9. All fiscal records and records that document program accomplishments, as reported by the applicant to the Indiana Department of Workforce Development, will be maintained for a period of three years.

10. The copyrights on all materials produced under this grant will be held by the Indiana Department of Workforce Development unless a specific exception is explicitly granted in writing to the applicant agency by the Indiana Department of Workforce Development.

We the undersigned hereby attest to the above on behalf of:

_____

(Legal name of applicant organization)

1. Signed:_____

   (President/chairperson, governing board)

   Typed name:_____

   Official name of board: _____

2. Signed:_____

   (Chief executive/superintendent)

   Typed name:_____

3. Date submitted to DWD: _____

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**STATE USE ONLY**

Date approved: _____ _____

State Director of Adult Education