**FY \_\_ AUTHORIZATION TO PAY DESGINATED PROGRAM FUNDS TO AN INTERLOCAL COOPERATIVE**

**District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please indicate the programs that funds will be allocated to:

* Special Education Program
* Alternative Education Statewide Academy Program
* Oklahoma Parents as Teachers (OPAT)

**Please select Payment Option 1 or Payment Option 2 to indicate where the funds will be sent (if available) and provide the appropriate signatures.**

**Payment Option 1**

* By Signing below, the school district named authorizes the State Department of Education to pay program funds allocated to the program(s) checked above to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interlocal cooperative for the 20\_\_-20\_\_ school year. The Superintendent and the Board President signatures are both required. Only if available, no other circumstances occur.

Superintendent’s Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Board President’s signature denotes Local Board of Education approval.**

Date Board Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board President’s Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Option 2**

* If you DO NOT wish to authorize funds to be sent directly to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interlocal Cooperative sign below. Please send the above mentioned funds directly to the school district for which they are intended.

Superintendent’s Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each district entering into a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interlocal Cooperative Agreement for the 20\_\_-20\_\_ school year must complete this page. (Copy as needed – one per district)

**School District Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County Code Number:** \_\_\_\_\_\_\_\_\_\_ **District Code Number:** \_\_\_\_\_\_\_\_\_\_

Superintendent (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Board of Education President (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Services To Be Provided** | **Source of Funds for Services** | **List Other Funds and Amounts Provided to the ILC** | **Projected Total Funds Provided to the ILC** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Return all pages to your ILC Director. All forms will be collected by the ILC and submitted as a packet to the State Department of Education at one time.**

**Board of Directors Appointment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Interlocal Cooperative**

The Board of Education of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District voted and approved on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_ to appoint the following named individual:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To serve as a Board Member on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interlocal Cooperative Board of Directors and represent the district for the 20\_\_-20\_\_ school year.

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_.

Board President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Clerk Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference: 70 O.S. 5-117b

“An Interlocal Cooperative agreement shall establish a Board of Directors which shall be responsible for administering the joint or cooperative undertaking…The Board of Directors shall be selected by the Board of Education of each contracting school district and may include but not limited to a board member, administrator, or teacher from each contracting school district.”

**(Each district must complete this page. Copy as needed.)**

**Loyalty Oath**

Board Member Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do solemnly swear (or affirm) that I will support the Constitution and laws of the United States of America and the Constitution and laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during which time as I am a Member of the Board of Directors of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interlocal Cooperative.

Board Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_

Notary or other officer authorized to administer oath of affirmation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Each Board of Director appointee must complete.)**