



2014-2015 Advanced Placement® (AP®) TRAINING GRANT Application

ASSURANCE STATEMENT

To assure that a quality Advanced Placement program is developed and implemented in the funded local educational agency, the superintendent (or designee) and principal are required to sign the following agreement.

- ❶ Funds will be utilized in the manner described in the application selected for funding under the Oklahoma Advanced Placement Incentives Program.
 - ❷ Any requests to change the budget must be made in writing to the Advanced Placement Office of the State Department of Education. Approval is required before budget changes are made.
 - ❸ Training will occur within one (1) year of the grant award. Teachers are encouraged to attend follow-up training annually.
 - ❹ When appropriate, AP examinations will be made available. These exams are ordered from College Board/Educational Testing Service and will be made available to each student taking an AP course.
 - ❺ Grant funds awarded in **Spring 2015** will be expended by **December 31, 2015**. There can be no carryover of funds.
 - ❻ An Oklahoma Cost Accounting System (OCAS) printout for the appropriate code (Revenue code: 3470, Project Reporting code: 368) showing proper expenditure of funds will be submitted to the Advanced Placement Office of the State Department of Education by **Monday, February 1, 2016**.
 - ❼ An evaluation of the training received including a list of employees receiving training will be submitted to the Advanced Placement Office of the State Department of Education by **Monday, February 1, 2016**.
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SUPERINTENDENT'S NAME (Please Print) Mr. Mrs. Ms. Dr.

SUPERINTENDENT'S OR DESIGNEE'S SIGNATURE



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TRAINING GRANT Application**

TRAINING

Provide a brief abstract summarizing the grant proposal. Be sure to address any item listed in the budget in your abstract.



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PROJECT DESIGN

*Describe the implementation plan for the requested training. What is the timeline for implementation?
Who will be responsible for the various aspects?*

| Action | Timeline | Person Responsible |
|---------------|-----------------|---------------------------|
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(Please add/delete lines as needed.)

What is the plan for continuing the momentum once the training implementation is over and the funding is spent?