

**Assurance/Signature Page
2014 – 2015
(PLEASE PRINT CLEARLY IF HANDWRITTEN)**

School District: _____

School: _____

Address: _____

City: _____

School Phone: _____ **Cell Phone:** _____

Primary Email: (Team Coach) _____

Superintendent: _____

School Principal _____

Fiscal Manager: _____

Team Coach/instructor: _____

Assurances:

1. Grantee shall use funds to support activities related to support of *FIRST* teams including participation in an Oklahoma regional competition.
2. Grantee agrees to carry out the project as described in the application and program description.
3. Grantee agrees to file a final report include all eligible reimbursement activities no later than **May 15, 2015**.

Superintendent Name (print) _____ Date: _____

Superintendent Signature _____

Team Coach Name (print) _____ Date: _____

Team Coach Signature _____