



Orleans Parish School Board

Federal Programs Nonpublic Schools

Federal Programs Authorization Form

Name of School: _____

Authorizing Administrator: _____

Contact Title: _____

Contact Email: _____

I understand that OPSB as the Local Educational Agency for local Title funds, must provide assurances to granting agencies that federal funds are being used in the manner for which they were approved, and that in accordance with ESEA guidelines, the LEA must maintain control of federal programs.

By participating in ESEA Federal Programs, I am indicating that I am an administrator who is authorized to approve Title Program requests for my school, and that I am fully informed about and agree to the following Title Program limitations on the use of federal funds. For Title I participation, I certify that materials will be used for secular, nonideological purposes only, and that school personnel will be informed as to these limitations. When not in use, materials for Title I will be stored in a secure and locked location and will not be used by non-Title I staff or for regular classroom use. Equipment and materials will supplement and not supplant the materials that, in the absence of Title Program funding, would have been made available for participating students. Finally, I agree to periodic on-site monitoring from OPSB personnel. Monitoring could include checks on usage of equipment and materials, discussions with private school officials, review of Title Program inventory or an audit of Title Program reporting.

Signature: _____

Date: _____

For Title II participation, I certify that I am fully informed about and agree to the following limitations on the use of federal funds. I understand that Title II funding is for the purpose of professional development for the school's identified needs supported by data. I certify that PD activities held on-site at my school, if stipends are paid, will be held outside of teachers' normally contracted hours. I understand that PD materials are to be used only during approved PD activities and then stored in a secure location, and are not to be used for instructional purposes. I certify that Title II funding will supplement, not supplant the activities and/or materials that, in the absence of Title Program funding, would have been made available for participating staff. I understand that all expenditures of federal funds must be reasonable and necessary, and that as administrator of a participating school, I am responsible for adhering to guidelines regarding these. I agree to cooperate with any requests for supporting documentation and with any monitoring, on-site visits, discussions with OPSB, or audit of program reporting. Finally I understand that participating nonpublic schools are responsible for financial commitments that exceed allocation limits or are denied based upon Title Program guidelines.

Signature: _____

Date: _____