This form, signed by the Authorized Officer of the lead or custodial institution, should be returned with the **final request for funds** during each project year. If "No" is checked for any item, a **full explanation** should be attached to this form.

Lead Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partnership Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Yes No

1. A copy of the institution's A-128 or A-133 audit has been submitted \_\_\_\_\_ \_\_\_\_\_

directly to the MDHE *Improving Teacher Quality Grant*

Coordinator for each year in which the Title II grant funds were

expended for this project.

2. All encumbrances were made after the authorized grant start-date, \_\_\_\_\_ \_\_\_\_\_

 which was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. All encumbrances for materials and supplies were made prior to the \_\_\_\_\_ \_\_\_\_\_

 authorized grant end-date, which was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

4. All services were completed and paid for prior to the authorized \_\_\_\_\_ \_\_\_\_\_

 grant end-date.

5. The final request for funds was submitted no later than 45 days after \_\_\_\_\_ \_\_\_\_\_

 the authorized grant end-date.

6. There is evidence that the MDHE *Improving Teacher Quality Grant* \_\_\_\_\_ \_\_\_\_\_

 funds were used to supplement, and not supplant, nonfederal funds.

7. There is evidence that funds were expended in accordance with the \_\_\_\_\_ \_\_\_\_\_

 MDHE *Improving Teacher Quality Grant* purposes and the approved

application.

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

Signature of Authorized Officer Date

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

Title