



**NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
2009-2011 TEACHER SUPPORT SYSTEM MENTORING GRANT PROGRAM**

SIGNATURES OF AUTHORIZING OFFICIALS

I hereby certify that the information contained in this proposal is correct to the best of my knowledge and I agree to all of the requirements as stated in this document, including those in Appendices A and B and C.

Project Coordinator Signature _____

Project Fiscal Agent Signature _____

LEA	Name	Title	Signature	Phone

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