

APPENDIX C
STATEMENT OF ASSURANCES

MARYLAND HIGHER EDUCATION OUTREACH AND COLLEGE ACCESS PROGRAM

STATEMENT OF ASSURANCES

The Applicant hereby affirms and certifies that it will comply with all applicable regulations, policies, guidelines, and requirements of the Maryland Higher Education Commission (MHEC) and the State of Maryland as they relate to the application, acceptance, and use of Maryland Higher Education Outreach and College Access Program funds.

The Applicant affirms and certifies that:

1. It possesses legal authority to apply for the grant; e.g., an official act of the applicant's governing body has been duly adopted or passed, authorizing filing of the application, including all understandings and assurances contained therein and directing and authorizing the person identified as the official representative of the application and to provide such additional information as may be required.
2. It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) prohibiting employment discrimination where discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity.
3. It will comply with the provisions of the Americans with Disabilities Act and any and all amendments to the ADA.
4. It will expend funds to supplement new and/or existing programs and not use these funds to supplant non-grant funds or for any purpose other than those specified in this grant.
5. It will participate in any statewide assessment program or other evaluation program as required by MHEC.
6. It will give MHEC and/or a representative from the Office of Legislative Audits, through any authorized representative, the right of access to, and the right to examine all records, books, papers, or documents related to the grant. It will maintain all records pertaining to this grant for a period of five (5) years.
7. It will comply with all requirements imposed by MHEC concerning special requirements of law and other administrative requirements.

Organization: _____

Signature of Authorized Official (President, VP level, or above) Date

Name and Title, Printed