

**CERTIFICATION**

I HEREBY CERTIFY that, to the best of my knowledge, the information in this application is correct. The applicant designated below hereby applies for a subgrant of Nevada state funds for the provision of early childhood literacy and readiness programs for children less than six years of age as set forth in the application.

**Signature of Superintendent or Authorized Representative:**

X \_\_\_\_\_

**ASSURANCES**

I HEREBY CONFIRM that I have read and agree to the assurances, certifications, and requirements of this state competitive grant. I certify that I am authorized to submit this application and the information submitted in the application is, to the best of my knowledge, true and accurate. I further certify that any program and activity funded by this grant will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines, instructions, and assurances.

**Signature of Superintendent or Authorized Representative:**

X \_\_\_\_\_

**FUNDING AND SUSTAINABILITY**

I HEREBY CONFIRM that the:

- Funding period is July 1, 2023-June 30, 2024
- Funds not committed for expenditure on or before June 30 of each fiscal year reverts to the State General Fund.
- Implementation plan is financially sound and proposes to use all funds awarded within two years of award.
- Funds awarded through the competitive application process must supplement and not supplant existing state or federal funds.

**Signature of Superintendent or Authorized Representative:**

X \_\_\_\_\_

**DATA COLLECTION AND REPORTING**

For all children participating in a prekindergarten program funded through the ECILP grant, they must be enrolled in Infinite Campus and have an early learning funding record. The Office of Early Learning and Development (OELD) will provide training on the use of Infinite Campus and the early learning tab. Prekindergarten programs must participate in the Quality Rating and Improvement System (QRIS) and meet OELD program reporting requirements to allow for robust program evaluation, analysis, and reporting of outcomes.

**Signature of Superintendent or Authorized Representative:**

X \_\_\_\_\_