



The State University
of New York



Education Workforce Investment: Institutional Attestation

Project Title:	
Proposal Contact (Name and Title):	
Institution:	
Phone:	Email:
Institutional & Program Accreditation	<p>By checking here, I attest that both my Institution and Educator Preparation Programs (EPP) are accredited by an accrediting agency nationally recognized for each purpose and that both the Institution and EPP are in good standing. <input type="checkbox"/></p>
President or Chief Academic Officer	<p>I hereby certify that I am the applicant's chief academic officer and that the information contained within this proposal is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, and that the requested budget amounts are necessary for implementation of this project.</p> <p>_____ Signature</p> <p>_____ Date</p> <p>_____ Name</p>