Print on School District Letterhead

This document will be attached to the final periodic repord documentation for the fiscal year (Insert Year) Agricult district confirms payment to the agriculture teacher(s) national serious district confirms payment to the agriculture teacher (s) national serious district confirms payment to the agriculture teacher (s) national serious district confirms payment to the agriculture teacher (s) national serious district confirms payment to the agriculture teacher (s) national serious district confirms payment to the agriculture teacher (s) national serious district confirms payment to the agriculture teacher (s) national serious district confirms payment to the agriculture teacher (s) national serious district confirms payment to the agriculture teacher (s) national serious district confirms payment to the agriculture teacher (s) national serious district confirms payment to the agriculture teacher (s) national serious district confirms payment to the agriculture teacher (s) national serious district confirms payment to the agriculture teacher (s) national serious district confirms payment to the agriculture teacher (s) national serious district confirms payment to the agriculture teacher (s) national serious district confirms and serious district confirms are serious dist	cural Education Three Circle Grant, the school
Participating teacher name:	_
ISBE grant amount expended/paid to participating teache Note: The grant amount for multiple teachers would be a	
District match amount paid to participating teacher: \$ District must maintain proof of payments to teacher(s) for	audit purposes for a period of five years.
ISBE grant amount obligated to be paid to participating to Note: This amount must be documented in some way to be	, -
District match amount to be paid to participating teacher District must maintain proof of payments to teacher(s) for	, •
Final payment date to teacher(s):	
Signatures below indicate that the information in this doc the teacher has been paid and has received <i>or</i> will receive	
Signature of Superintendent	Date of Signature
 Signature of Teacher	Date of Signature

(Duplicate this document for additional teachers receiving the grant.)