

Print on School District Letterhead

This document will be attached to the final periodic report for the respective fiscal year. As documentation for the fiscal year (Insert Year) ____ Agricultural Education Three Circle Grant, the school district confirms payment to the agriculture teacher(s) named below.

Participating teacher name: _____

ISBE grant amount paid to participating teacher: \$ _____

Note: The grant amount for multiple teachers would be divided accordingly.

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.

Final payment date to teacher(s): _____

Signatures below indicate that the information in this document is current and correct, confirming that the teacher has been paid and has received the funds as indicated above.

Signature of Superintendent

Date of Signature

Signature of Teacher

Date of Signature

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