



Program Participation Agreement AlaskAdvantage Education Grant Program

Name of Institution: _____

Address of Institution: _____

NOTE: The completion of this agreement is a prerequisite to the institution's participation in the AlaskAdvantage Education Grant Program.

Certifications and Representations:

- 1) Will ensure that no payment is made to a student unless the student meets the requirements set forth in AS 14.43.415 *Eligibility: Priority* and 20 AAC 16.010 and 16.030 *Applicant Eligibility* and *Application Procedure*.
- 2) Will ensure that funds will be issued in accordance with AS 14.43.410 *Distribution of Funds* and 20 AAC 16.040 *Grant Disbursement and Refund*.
- 3) Will complete and provide the Commission with a funds reconciliation report by June 15 of each year. This report provides student payment and refund records for the current award year. Grant awards not disbursed to students within 30 calendar days from the date the funds are transferred to the Institution will be returned to the Commission.
- 4) Will retain records related to the AlaskAdvantage Education Grant Program; the Commission may audit such records periodically. In the event of an audit finding that funds were owed but not returned to the Commission, or that institutional records are not sufficient to document management of grant funds in compliance with applicable statutes and regulations, the Commission may require institutional refund of the dollar amount identified as due for return, regardless of whether the institution has disbursed or otherwise lost access to those specific funds. Appeals of audit findings will be handled in accordance with the applicable provisions of 20 AAC 15.915.
- 5) Agrees to abide by all terms and conditions set forth in the Alaska statutes and regulations governing the AlaskAdvantage Education Grant Program (AS 14.43.400-420, AS 14.43.910-920, and 20 AAC 16) and affirms that copies of those statutes and regulations have been provided by the Commission.

Signature of Owner or Administrative Official: _____

Title of Administrative Official: _____ Date: _____