Appendix C – Implementation Team Statement of Commitment

**STATEMENT OF COMMITMENT**

**Proposals to Innovate Financial Systems to Build Capacity for Increased and Sustainable Early Childhood Education (ECE) Compensation**

*All italicized sentences are considered instructions and should be deleted prior to the*

*submission of the final Statement of Commitment.*

This Statement of Commitment is entered into by and between the following required partners and any additional partners listed:

**CORE IMPLEMENTATION TEAM: REQUIRED PARTNERS**

The grant partnership **must** be inclusive of leadership and/or senior staff of the entities below.

*Please provide the agency name and a brief description of each agency.*

* + 1. AGENCY A: The fiscal entity that controls the **administrative budget** such as the Office of Management and Budget (or equivalent).

**Organization Name**:

**Description**:

* + 1. AGENCY B: The administrative entity with authority over **child care funding**.

**Organization Name**:

**Description**:

* + 1. AGENCY C: The administrative entity with authority over **public** **education funding**.

**Organization Name**:

**Description**:

* + 1. AGENCY D: The administrative entity with authority over **preschool/pre-kindergarten programs and funding**.

**Organization Name**:

**Description**:

* + 1. AGENCY E: The administrative entity with authority over **higher education programs and/or funding**.

**Organization Name**:

**Description**:

* + 1. AGENCY F: The administrative entity with authority over any **Special Revenue Funds** (if applicable).

**Organization Name**:

**Description**:

**ADDITIONAL PROJECT PARTNERS**

*Please provide the agency name and a brief description of each agency for each additional project partner, as needed. In the instance that there are more than ten additional partners, please provide an attachment with the remaining organization names and descriptions of each agency.*

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| --- | --- | --- |
| Agency | Organization Name | Description |
| Agency G |  |  |
| Agency H |  |  |
| Agency I |  |  |
| Agency J |  |  |
| Agency K |  |  |
| Agency L |  |  |
| Agency M |  |  |
| Agency N |  |  |
| Agency O |  |  |
| Agency P |  |  |

**A. Purpose.** *State the purpose of the Statement of Commitment. The purpose should reflect the partnership team’s commitment to work together to execute the project goals. Include statements that explain how the partnership enhances or benefits the applicant team’s proposed work.* *The full partnership team must commit to meeting regularly throughout the grant term to design, plan, and implement the solutions.*

**B. Roles and Responsibilities.** *Clearly describe and delineate the agreed upon roles and responsibilities each organization or agency will be providing to ensure project success. The roles and responsibilities should align with project goals, objectives and target outputs. This may be contribution of staff time, in-kind contributions of space or materials, delivery of program services, provision of training or staff expertise, etc.*

**C. Reporting Requirements**. *Describe who will be responsible for collecting, collating, and submitting data as per the project target outputs and outcomes and reporting requirements to TSNE.*

**D. Timeframe**.

This Statement of Commitment will commence upon receipt of a fully executed Grant Agreement, if funded, and will dissolve at the end of the grant funding period, if applicable.

The designated lead agency accepts full responsibility for the performance of the partner organizations/agencies.

This Statement of Commitment is the complete agreement between the agencies listed above and may be amended only by written agreement signed by each of the parties involved.

*The Statement of Commitment must be signed by all partners. Signatories must be officially authorized to sign on behalf of the agency and include title and agency name.*

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| **AGENCY A** | | | | | | |
| Authorized Official Signature: |  | | Date: | |  | |
| Printed Name: |  | | | | | |
| Title: |  | | | | | |
| Address: |  | | | | | |
| Email Address: |  | | | | | |
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| **AGENCY B** | | | | | | |
| Authorized Official Signature: |  | | Date: | |  | |
| Printed Name: |  | | | | | |
| Title: |  | | | | | |
| Address: |  | | | | | |
| Email Address: |  | | | | | |
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| **AGENCY C** | | | | | | |
| Authorized Official Signature: |  | | Date: | |  | |
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| **AGENCY D** | | | | | | |
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| **AGENCY H** | | | | | | |
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| **AGENCY M** | | | | | | |
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| **AGENCY N** | | | | | | |
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| **AGENCY O** | | | | | | |
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| **AGENCY P** | | | | | | |
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