#### **Assurances**

Review the statements below, and then provide your signature to indicate agreement.

* I understand, commit to, and believe the proposed RTAP will have the capacity to fulfill all requirements outlined in the RTAP Programmatic Requirements and Work Process Schedule.
* To the best of my knowledge, all information provided within the RTAP application is complete and accurate.

### **Local Education Agency Representatives**

If applying as a coalition, please duplicate and complete the table below for each employing district.

|  |  |
| --- | --- |
| **Employing District Leader**  E.g., superintendent, central office staff | **Employing District RTAP Contact**  Identified DESE point person |
| Name: | Name: |
| Title: | Title: |
| Signature: | Signature: |
| Date: | Date: |

### **Educator Preparation Provider Representatives**

|  |  |
| --- | --- |
| **EPP Leader**  E.g., president, executive director, dean | **EPP RTAP Contact**  Identified DESE point person |
| Name: | Name: |
| Title: | Title: |
| Signature: | Signature: |
| Date: | Date: |