



2023-24 Student Emergency Assistance Grant (SEAG) Program Assurances

The college must attach a completed, signed copy of this document to its 2023-24 Student Emergency Assistance Grant Program application Intent Email to Deana Rader, Program Administrator drader@sbctc.edu

By the signatures placed below, the College agrees:

- That applicable college staff have read the 2023-24 Student Emergency Assistance Grant Program Guidelines.
- To provide as low barrier as possible emergency assistance grants to all students regardless if they meet the traditional definition of “financial need.”
- To provide emergency assistance to students without requiring them to complete the FAFSA.
- To require students to submit a request for funding and assist them in completing their requests/applications for emergency aid, as needed.
- To define how funds will be prioritized by including a rubric and/or other funding criteria within the Plan of Operation.
- To submit quarterly reports by the last day of the month following the end of the previous quarter as outlined in SEAG Program Guidelines.
- To complete year-end summative evaluations and report findings addressing at least the minimum requirements as directed by the SBCTC by July 31, 2024.
- Contribute to the development of the final SEAG Program report and recommendations due to the legislature by December 1, 2024
- To share lessons learned with the college system via printed materials, a web-based forum and/or in-person presentations, in collaboration with the SBCTC.
- To participate in legislative information sessions and hearings as appropriate.
- To comply with all applicable federal and state requirements, the 2023-24 Student Emergency Assistance Grant Program Guidelines, and all applicable local policies and requirements.
- Each funded provider must have a signed original of the assurances on file for audit purposes. Please email to the SEAG program administrator a signed copy to your 2023-24 Student Emergency Assistance Grant Program required grant documents.

Signatures

College Name: _____

Contact Name: _____ Phone: _____

Title: _____ Email: _____

Signature: _____ Date: _____

Name of College President or Designee: _____

Signature: _____ Date: _____