



## Statement of Understanding: Corrections and Disabilities Grant

We have reviewed the information included in this application. We acknowledge that if this application is accepted, funds will be used as appropriate in the Perkins regulations and not supplant other funding or leveraged resources. Please complete the following:

Title of Project:

Project Manager (Print):

Signature & Date:

Project Manager Email:

Project Manager Phone:

Supervisor (Print):

Signature & Date:

Supervisor Email:

Supervisor Phone:

Keep a copy for yourself and upload or email the original to: [eva-scates-winston@minnstate.edu](mailto:eva-scates-winston@minnstate.edu)

Eva Scates-Winston

Minnesota State System Office

CTE Equity Specialist