

Addendum B  
To Region 2-A Consortium Agreement

**Region 2A Consortium Agreement 2017-2018**

**Certificate of Assurances**

*(This assurance must be signed and submitted before local consortium allotments are expended)*

By my signature, I am assuring that in my building/school:

- ⑥ Funds will be expended for Programs of Study which have all five core elements: 1) Standards and Content; 2) Alignment and Articulation; 3) Technical Skills Assessment; and 4) Student Support Services; 5) Professional Development.
- ⑥ Expenditures in my building will comply with the federal Perkins Section 135 and other state and local guidelines, including the purchasing and inventorying procedures outlined in the Fiscal Guide. All state and Federal Assurances will be followed.
- ⑥ All Equipment and Computers must stay in the building for student use. No personal use by faculty is allowed.
- ⑥ All of the reporting and data collections required by the Oregon Department of Education will be furnished by established deadlines, including the CTE Program Update in the Fall and Spring, and program data collection in the Spring.
- ⑥ All Perkins funds including those in your local budget will reflect the following priorities:
  - improve, expand and support High School through Community College “approved” Programs of Study and improve student academic and technical performance without supplanting;
  - invest a minimum 10% of our Perkins allocation in professional development;
  - demonstrate strategic investment by utilizing funds for programs whose teachers are actively working to improve their Programs of Study by:
    - attending appropriate professional development,
    - providing opportunities for student leadership,
    - implementing standards-based content with integrated academic and technical skill attainment
    - culminating in a valid and reliable technical skills assessment tied to industry standards..

\_\_\_\_\_  
Name of Member School\College\ESD

\_\_\_\_\_  
Signature of Administrator in Charge of CTE

\_\_\_\_\_  
Date

**Please review the “CTE Representative Roles & Responsibilities” and choose one option below:**

- ⑥ I will be the CTE Representative for my high school and attend the Consortium Meetings.
- ⑥ The person listed below will be the CTE Representative and report back to me:

**CTE Representative Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

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*Please sign and return to Beth Molenkamp at the Regional 2A Consortium.  
Contact at 971-722-7735 or [elizabeth.molenkamp@pcc.edu](mailto:elizabeth.molenkamp@pcc.edu)*

**Thank you for your continued participation in the Region 2A Consortium.**