

AWARDS FOR  
**INNOVATION**  
IN HIGHER EDUCATION

**Letter of Assurance**

I assure that I have read and support this application. I understand that, if this application is chosen for an award, \_\_\_\_\_ will serve as the fiscal agent for the award and that the responsibility of the fiscal agent includes distribution of funds to any of the participants in the application pursuant to any agreement between the participants. I also understand that, if this application is chosen for an award, the Chancellor's Office will require collaboration to disseminate the practices outlined herein and may request submittal of reports or other information.

**Fiscal Agent Signature**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**President/CEO Signature**

**(if different from fiscal agent)**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Date**

\_\_\_\_\_