OMB Control Number: 1810-0698

Expiration: 5/31/2019

**Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a

collection of information unless such collection displays a valid OMB control number. Public

reporting burden for this collection of information is estimated to average 10 minutes per

response, including time for reviewing instructions, searching existing data sources, gathering

and maintaining the data needed, and completing and reviewing the collection of information.

The obligation to respond to this collection is mandatory per Title VII of the Elementary and Secondary Education Act, 20 USC §7442, and its corresponding regulations at 34 CFR Part 263. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1810-0698. Note: Please do not return the completed Service Obligation Agreement to this address.

**Service Obligation Agreement**

**For Support and Training Received from an Indian Education Professional Development Program Grant Awarded to Grantee in Fiscal Year 2009 and Any Year Thereafter**

Service Obligation Agreement

Between

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant

And

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Grantee

**Prior to granting support and training to a participant, the grantee will require each participant to enter into a written agreement in which the participant agrees to the terms and conditions set forth in the regulations for the Indian Education Professional Development Program (see 34 CFR part 263), including the requirement that the Secretary of Education track the service obligations of participants. These requirements are attached. The regulations are also available at:** [**http://www2.ed.gov/legislation/FedRegister/finrule/2003-3/072403a.html**](http://www2.ed.gov/legislation/FedRegister/finrule/2003-3/072403a.html)

The current address of the U.S. Department of Education for purposes of this agreement is:

U.S. Department of Education

Office of Indian Education

Professional Development Program

400 Maryland Avenue, SW

Washington, DC 20202-6335

**To Be Completed by the Grantee**

**Grant Award Number:**

**Grantee:**

**Project Title:**

**Project Director:**

**Date of Service Obligation Meeting:**

**Estimated total amount of training months/years:**

**Estimated total amount of funds/support:**

**To Be Completed by the Participant**

**Name:**

**Date of Birth:**

**Social Security Number:**

**Street Address:**

**City, State, Zip Code:**

**E-mail Address:**

**To Be Completed by the Participant**

I:

(a) have read and understand the attached service obligation regulations and FAQs, including the service obligation (“work payback”) equal to the total period of time for which training was received; the requirement that work payback be related to the training received and benefits Indian people; that if I do not meet the work payback requirement, I must repay the total amount of funds received and expended for my training (“cash payback”) or a prorated amount based on approved work-related service; that I will inform the US Department of Education of my intention to complete either a work payback or cash payback within 30 days of completion of my training, per instructions by the U.S. Department of Education; (b) provided the information requested of me in this Agreement to the grantee representative; (c) completed the Certification of Eligibility for Federal Assistance form (ED 80-0016); and(d) agree to comply with the regulations for the Indian Education Professional Development Program (34 CFR part 263), including the requirement to provide the information necessary to the Secretary to track my service obligation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Participant Name Participant Signature Date

(Please print)

**To be Completed by Grantee Representative**

I have met with the participant and discussed the service obligation requirements and provided

him/her with a copy of the regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Grantee Representative Name Grantee Representative Signature Date

(Please print)