

VERIFICATION OF PARTICIPATION ON ADVISORY TEAM FORM

This document is to be signed by each team member and included with the application as evidence of collaboration and commitment to the TALENT21 project by the members of the Advisory Team.

Applicant Agency Name: Passaic Public Schools

Name of Team Member (printed):

MARIO M. GONZALEZ

E-mail address:

mgonzalez@passaicpubliclibrary.org

Signature of Team Member:

Mario M. Gonzalez

Title of Team Member (if teacher, indicate grade level):

Library Director, Passaic Public Library

If a non-LEA partner, indicate place of business and expertise:

As a member of the TALENT 21 Advisory Team Member, I commit to doing the following to ensure successful results from the grant project. I will:

1. Meet quarterly with other team members to assist successful planning, implementation and replication of the project.
2. Actively participate as a team member to help achieve project goals.
3. Participate in all scheduled professional development activities and develop a collaborative relationship with my team members.
4. Assist to consider sustainability strategies for the project.

I will provide data to the NJDOE for the purposes of the local and state evaluations, upon request.

Dr. Robert H. Holster

Print Name of Chief School Administrator (CSA)

Passaic-City

District

Signature of Chief School Administrator (CSA)

Date