



**Brownsville Independent School District
Migrant Education Program**



**Title I, Part C
Spring Semester – 20____ – 20____**

**Assurance Form for
100 % Migrant Funded Staff**

During the Spring Semester of the _____ school year, I, _____
_____, Employee ID _____ am a 100 % funded Migrant
_____ assigned to _____. As a migrant
_____ I provide supplemental support services to migrant
students and spend 100% of my time and effort on addressing activities explicitly
associated with the Migrant Program's goals and objectives.

The identified academic and non-academic needs as delineated in the Title I,
Part C Section of the E-Grant Consolidated Application for Federal Funding are
addressed for my department on Pages _____ Section _____ of the
District Improvement Plan.

Migrant _____ Signature and Date: _____

**I agree with the assignment and time & effort statements for the employee named
above.**

Verified by Campus Principal / Date: _____

Please secure the employees signature and return the white copy to the Migrant Office by _____.

Form Distribution:	White	Migrant Education Office
	Yellow	Campus Administrator
	Pink	Employee

BISD does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or genetic information in employment or provision of services, programs or activities.

BISD no discrimina a base de raza, color, origen nacional, sexo, religión, edad, discapacidad o información genética en el empleo o en la provisión de servicios, programas o actividades.