**Letter of Agreement and Promissory Note**

The Texas Regional Collaboratives for Excellence in Science and. Mathematics Teaching grant housed at the University of Texas at Austin, Center for Science and Mathematics Education, supports scientifically research based professional development that is high quality, sustained, and aligned with the Texas Essential Knowledge and Skills (TEKS).

The University of Texas at Brownsville Collaborative for Excellence in Science and Mathematics Teaching designs and provides professional development activities to improve the academic achievement of students in science and mathematics through partnerships among institutions of higher education, local education agencies, elementary schools, and secondary schools.

The UT-Brownsville Collaborative provides high quality and sustained professional development focused on the education of science and mathematics teachers as a career-long process. Such process continuously stimulates teachers’ intellectual growth and upgrade teachers’ knowledge and skills through activities that are founded on scientifically based research and aligned with the Texas Essential Knowledge and Skills.

**I, the undersigned “Recipient” for value received, understand and agree that unless I fulfill the terms and conditions of this *Letter of Agreement and Promissory Note,* I am obligated to repay the principal sum (“Grant”) of up to $2,600 as a Science Teacher Mentor (STM) or Mathematics Teacher Mentor MTM together with any and all charges that may become due as provided in this *Letter of Agreement and Promissory Note.* I understand that as a participant, I may decline the Grant. I understand that I may at any time repay all or part of the unpaid balance on the Grant received without penalty.**

**I understand that the distribution of the grant is as follows:**

* **Tuition and Fees for Fall 2011**
* **Tuition and Fees for Spring 2012**
* **Supplies and Materials for Fall 2011, Spring 2012, and Summer 2012**

**SECTON I-PARTICIPATION REQUIREMENTS FOR STM AND MTM**

1. Successfully complete all courses that are required.
2. Complete professional development hours, including coursework.
3. Agree that failure to comply with items 1, 2, or 3 of this Section I, will result in ineligibility for the program. If I become ineligible, the Grant funds will be reversed (refunded) to the University via a Money Order or Cashier’s Check.

**SECTION II-MENTORING REQUIREMENT AS STM/MTM**

**In return for this grant, I must:**

1. Complete the following:
2. **Cadre Member Training for STMs:**

* Provide outreach activities to a minimum of 3 teachers/educators/ administrators referred to as Cadre Members (CMs).
* Outreach activities must consist of an average of 24 documented hours of training for each participant served.
* CM training may be provided through small group mentoring, training in a workshop format, or a combination of both. (Ex: 24 documented hours of training x 3 cadre members equals to a total of 72)

1. **Cadre Member Training for MTMs:**

* Provide outreach activities to a minimum of 5 teachers/educators/ administrators referred to as Cadre Members (CMs).
* Outreach activities must consist of an average of 12 documented hours of training for each participant served.
* CM training may be provided through small group mentoring, training in a workshop format, or a combination of both. (Ex: 12 documented hours of training x 5 cadre members equals to a total of 60)

1. Submit in a timely manner all items on Participant Checklist (Cadre Member Agenda and Sign-in Sheet, 2011-2012 Participant Data Form, and Log: Cadre Members Snapshot Hours).
2. Agree to failure to comply with items 1 or 2 of Section II will result in a requirement to repay the Grant Funds received.

**SECTION III-ADDITIONAL REQUIREMENTS**

**I must:**

1. Respond to all communications and requests from the University within the time indicated.
2. Provide written notification to the University within twenty-one (21) days of any change in my legal name or address or of any change in the status affecting my eligibility.
3. Comply with any reasonable procedures deemed necessary and appropriate by the University under the grant, comply with all conditions cited in this Agreement, and comply with all applicable rules and regulations.

**SECTION IV-APPEALS**

Once I have been accepted to participate in the program, I may appeal any determination of noncompliance with any provisions of the program in the following manner:

1. Provide a written notice of appeal, which includes a concise statement of the action being challenged.
2. The notice of appeal must be postmarked within twenty (20) calendar days from the date of the University’s letter stating the decision being challenged.
3. Direct appeals shall be sent to the following individuals in the following order:
4. Project Director
5. Chair, Department of Teaching, Learning and Innovation
6. Dean, College of Education

**SECTION VI-EXIT CONFERENCE**

Before I complete the program, or withdraw from the University, the University will provide me an opportunity to review fully the terms and conditions of this Grant.

**SECTION VII-TAXES**

The Grant may have tax consequences. Please consult your tax professional.

**SECTION VIII-LEGISLATIVE ACTION**

If the statutory authority for the UT-Brownsville Regional Collaborative Program, including authority for funding , is repealed, amended, or significantly modified, either by legislative action or the administrative action of the federal or state agency that administers the Texas Regional Collaborative for Excellence in Science Education, the University may modify this Agreement accordingly. In such event, the University will provide written notification of changes.

I authorize the release of information pertinent to my Grant by the University or their agents, the University of Texas at Austin, or any other party involved in the administration of my Grant or the terms identified in this Agreement to any necessary third party, I may revoke this authorization by submitting a notice in writing to the Project Director. By my signature, I acknowledge that I have read and understood the above information and that I am required to fulfill my teaching obligation according to the terms and conditions herein.

Program Participant Mentor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Physical Address (No P.O. Box#) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers:

Home (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency

Contact Name (#1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency

Contact Name (#2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Award ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Copy provided to Texas Regional Collaborative for Excellence/UT-Austin and Credentials*

*Copy kept with the University of Texas at Brownsville. Original given to Participant.*