NAME OF APPLICANT	PR/AWARD NUMBER AND/OR PROJECT NAME
As the duly authorized representative of the applicant, I hereby cert	tify that the applicant will comply with the above certifications.
Check if there are workplaces on file that are not identified here.	· · · · · · · · · · · · · · · · · · ·
code)	en e
specific grant:  Place of Performance (Street address, city, county, state, zip	
B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the	Washington, DC 20202-4571. Notice shall include the identification number(s) of each affected grant.
(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).	will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 3124, CSA Regional Office Building No. 3),
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;	activity with the grant; and  B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I
(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or	A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any
(f) Taking one of the following actions, within 30 calendar days of receiving notice under subperagraph (d)(2), with respect to any employee who is so convicted—	As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610
	(GRANTEES WHO ARE INDIVIDUALS)

DATE

ED 80-0013

SIGNATURE

PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE