

INTERGOVERNMENTAL AGREEMENT

D.A.R.E. Program

(Please Print or Type)

We the undersigned agree, if selected to participate in the Drug Abuse Resistance Education (D.A.R.E.) Program, to the following:

As law enforcement administrator, I agree to make my law enforcement officer available to instruct the D.A.R.E. curriculum in the school district named within this application. I will (barring emergencies) attempt to limit the officer's absence from the D.A.R.E. classroom on his/her designated day(s) of instruction.

Name Sharon A. Johnson Title Mayor
Department Administration
Address 325 S.E. Paradise, Pullman, WA 99163
Signature [Signature] Date 10-15-08

As school superintendent, I agree to provide classroom space and allot one period a week to the targeted class for delivery of the D.A.R.E. Program. I understand a teacher must be present in the classroom while the law enforcement officer presents the D.A.R.E. curriculum. The classroom teacher will assist, if necessary, in the collection of assigned homework and will make bulletin board space available within the classroom.

Name Paul Sturm Title Superintendent
School District Pullman School District
Address 240 SE Dexter
Pullman, WA 99163
Signature [Signature] Date 9-24-08