ILLINOIS STATE LIBRARY
Open Education Resources (OER) Grant Application - Attachment 2
Agreement to Adopt OER

Submitting Agency: _____

Control Number/Branch Number: _____

Full title of course that will use the created OER: _____

Course number that will use the created OER: _____

Name of faculty member/instructor teaching this course:_____

Email address of faculty member/instructor teaching this course: _____

Submit a separate Attachment 2 for each course AND for each faculty member or instructor proposing to develop Open Educational Resources (OER) and ancillary materials through this grant application.

This form certifies that the named faculty member/instructor will teach a course with the grant-funded OER and ancillaries as the course material and report data to the Consortium of Academic and Research Libraries (CARLI). The reported data will be aggregated and reported to the Secretary of State/Illinois State Library for three years after the end of the grant.

☐ **Applicant Certification - by checking this box, you and your institution indicate agreement with the following:**

1. The OER created as part of the Secretary of State/Illinois State Library grant program will be used for the course and sessions noted in the application.

2. My institution affirms that the OER created will be used in at least one course offered by Spring 2026 semester (or the equivalent if your institution uses quarters or trimesters) and for three years after the end of the grant.

3. I will teach the course and sessions as proposed in this application. If I cannot teach, my institution will identify an instructor who will teach and use the OER created as part of the Secretary of State/Illinois State Library grant program as the course materials. My institution will share the instructor information with CARLI and the Secretary of State/Illinois State Library.

4. Data will be collected and reported to demonstrate the impact of OER, including outcomes and student savings. The faculty member/instructor for the course will report data as required by the Secretary of State/Illinois State Library to the agency's project director, who will, in turn, share it as prescribed by the Secretary of State/Illinois State Library.

1)_____   _____
Signature of faculty member/instructor teaching this course   *Date*

Name Printed or Typed: _____   Title: _____

2)_____   _____
Signature of department chair   *Date*

Name Printed or Typed: _____   Title: _____

3)_____   _____
Signature of person confirming the course will be offered as noted (e.g., dean, provost, etc.)   *Date*

Name Printed or Typed: _____   Title: _____