| **Name of Grant Program**: Bilingual Education Grant Program – ALL Levels  | **Fund Code: 187** |
| --- | --- |

## PART V - SCHOOL DISTRICT ASSURANCE

**As Superintendent, I support the participation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School in the Bilingual Education Grant Program - Elementary grant as outlined below:**

1. I will ensure that the principals, participating teachers and district use the funds as explained in the Bilingual Education Grant Program – All levels
2. I will cooperate with the Department of Elementary and Secondary Education (DESE) in the evaluation of the project (funded by DESE).
3. I will submit a Preliminary Alternative Program Plan to DESE for review by November 15, 2019.

| **School District:** |  |
| --- | --- |
| **Typed Name of Superintendent:** |  |
| **Superintendent’s Signature:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Date:** |  |