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| **Name of Grant Program:** Partners for Youth Success: Personal Responsibility Education Program (PREP)  | **Fund Code:** 716/211 |

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| GRANT ASSURANCES -Category AFiscal Year 2023 |

The grantee agrees to the following terms and conditions of grant funding:

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|[ ]  Designate a Partners for Youth Success Planning Team of at least 2 -3 persons to fulfill the requirements of the grant. Identify a district coordinator/team lead. |
|[ ]  Allow the designated team to participate in required trainings sponsored by the Departments of Elementary and Secondary Education (Department) and Public Health (DPH).  |
| [ ]  | Allow designated team to work through the *Getting to Outcomes* model or similar needs assessment process to select curriculum to be implemented, integrate adulthood preparations subjects; and or develop sustainability plans. |
|[ ]  Allow designated teacher(s)/facilitators to participate in professional development and training for effective program delivery prior to implementing selected curriculum. This includes:* Foundational sexuality educator training (e.g. Sexuality Education Cornerstone Seminar)
* Curriculum Specific Training
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|[ ]  Participate in program evaluation activities. Evaluation of the program will occur to measure program effectiveness and to allow the Department to make continuous improvements to the grant program and related technical assistance and professional development. Evaluation activities consist of the following components:* Administering pre/post assessments
* Maintaining fidelity and attendance logs
* Teacher observations during delivery of curriculum lessons
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|[ ]  Submit program updates and final reports according to written guidelines as determined by the Department. |
|[ ]  Participate in any additional training or reporting required by the Department, DPH and/or the federal funders of this grant. |
|[ ]  Ensure that the district team lead and business/grant office lead (with access to EdGrants) monitor grant expenditures and fund requests in support of program activities regularly and report anticipated difficulties spending the grant award in full to the Department program specialist as soon as known. |

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| **Signature of District Prep Coordinator (Team Lead)** | Typed/Printed Name | Title | Date |
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| **Signature of Superintendent** | **Typed/Printed Name** | **Date** |
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