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| **Name of Grant Program:** Supporting Students’ Social Emotional Learning, Behavioral & Mental Health, and Wellness through Multi-Tiered Systems of Support (SEL & Mental Health Grant) | **Fund Code:** 613/311 |

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| GRANT ASSURANCE |

**Please mark with an ‘x’ to confirm the applicant’s commitment to attend assurance below.**

**All Applicants:**

\_\_\_ Applicants commit to participate in a Kick-off meeting for the SEL/MH grant (likely in late winter)

\_\_\_ Applicant commits to participate in at least two networking events (likely mid-year and end-of-year)

\_\_\_ Applicant commits to participate in one end-of-year celebration event

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Signature of Superintendent / Charter District Leader / Executive Director** | **Typed/Printed Name** | **Title** | **Date** |