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|  **Name of Grant Program:** Innovation Schools Planning-Enhancement Grant |  **Fund Code: 156** |

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| PART IV –Assurances Form |

This assurance form provides the Massachusetts Department of Elementary and Secondary Education with the confidence that all appropriate parties have been *apprised* of this grant submission.

*Instructions: Please complete one Assurance Form for each grant application.*

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| District Name: |  |

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| **District Assurances** |
| The district must ensure state funds are used in accordance with the FY19 Innovation Schools Planning-Enhancement Grant RFP and ensure transparency and accountability, and report publicly on the use of state funds. The district must also ensure all state funds are used to support the in-depth, innovation school development process or continued high quality implementation of the approved innovation plan. **The district must participate in any program evaluation and monitoring activities associated with this grant.**  |

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| **Typed Name of Lead Applicant:** |  |
| **Signature of Lead Applicant:** |  |
| **Date:** |  |

|  |  |
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| **Typed Name of Superintendent:** |  |
| **Signature of Superintendent:** |  |
| **Date:** |  |