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| **Name of Grant Program:** | Expanded Learning Time Implementation Grant | **Fund Code:** 225 |

FY21 ELT ASSURANCES DOCUMENT

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| District: |  *<<INSERT DISTRICT NAME HERE>>* |

On behalf of the above-named school district and each participating ELT school within the district:

1. **Grant Duration:** I fully understand that this grant is a one-year, performance-based grant subject to reapplication, funding availability each year, as well as meeting all performance and accountability requirements.
2. **Participation in Evaluation Activities:** I understand that the Massachusetts Department of Elementary and Secondary Education (ESE) and its authorized evaluators and partner organizations may seek to collect information and data on ELT implementation and outcomes using a variety of methods, such as: visits to participating schools; surveys of students, staff members, and other stakeholders; focus groups and interviews; classroom observations; and reviews of documentation. I assure that the district and each participating school will cooperate fully in these evaluation activities.
3. **Compliance with All ESE Data Collection Requirements:** I assure that the district will comply with all ESE data collection requirements, including the Student Information Management System (SIMS), the Education Personnel Information Management System (EPIMS), and the Student Course Schedule (SCS) data collection.
4. **Criminal Offender Record Information (CORI) Checks:** I assure that all participating staff members from partner organizations have passed Criminal Offender Record Information (CORI) checks prior to working with students through this initiative.
5. **Nutritious Meals, Snacks and Beverages:** I assure that all meals, snacks and beverages purchased with ELT grant funds and/or provided by partner organizations will be healthy and nutritious. For a list of vending and snack products that meet this requirement, please visit the website of The John C. Stalker Institute of Food and Nutrition at Framingham State University: <http://www.johnstalkerinstitute.org/alist/>.

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