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| **Name of Grant Program:** Safe and Supportive Schools Competitive Grant |  **Fund Code:** 335  |

# FISCAL YEAR 2020-2021 (FY2021) GRANT ASSURANCES

# Option One – Action Planning

# *NOTE: See page 2 for Assurances for Option Two –Implementation and Mentoring/Support*

The school district (and each participating school) agrees to the following:

\_\_\_\_\_\_ self-assess and develop action plans based on all six sections of the Safe and Supportive Schools Tool (an action plan for each participating school, and a district plan that supports each recipient school);

\_\_\_\_\_\_ submit progress reports (upon request) and copies of school and district action plans (developed under this grant funding) following local approval and prior to using any funds for implementation purposes. ***(Note:*** *Requests to use funds to support implementation may be submitted to the Department upon completion and submission of the action plan.)*

\_\_\_\_\_\_ participate in the Department’s evaluation process; and

\_\_\_\_\_\_ participate in professional development (e.g., conferences, webinars, and/or regional events, etc.) to be held by the Department (all virtual).

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| **District Name:**  |  |

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| **Type Name of Superintendent:** |  |
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| **Signature of Superintendent** | **Date** |
|  |  |
| **Type Project Coordinator’s Name:** |  |
|  |  |
| **Project Coordinator’s Signature** | **Date** |

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| **Name of Grant Program:** Safe and Supportive Schools Competitive Grant |  **Fund Code:** 335  |

# FISCAL YEAR 2020-2021 (FY2021) GRANT ASSURANCES

# Option two –Implementation and Mentorship/Support

# *NOTE: See page 1 for Assurances for Option One – Action Planning*

The school district (and each participating school) agrees to the following:

\_\_\_\_\_\_ implement evidence-based implementation strategies that align to school and district action plans;

\_\_\_\_\_\_ participate in mentorship activities as described in Part III Required Program Information (See RFP *Required Forms* section.)

\_\_\_\_\_\_ participate in the Department’s evaluation process; and

\_\_\_\_\_\_ participate in professional development (e.g., conferences, webinars, and/or regional events, etc.) to be held by the Department (all virtual).

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| **District Name:**  |  |

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| **Type Name of Superintendent:** |  |
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| **Signature of Superintendent** | **Date** |
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| **Type Project Coordinator’s Name:** |  |
|  |  |
| **Project Coordinator’s Signature** | **Date** |