|  |  |
| --- | --- |
|  **Name of Grant Program:** FY22 Acceleration Academies Grant |  **Fund Code:** 224/322 |

|  |
| --- |
| PART IV – Acceleration Academies Grant – Submission 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.

|  |  |
| --- | --- |
| District Name: |  |

|  |
| --- |
| **District Assurances** |
| The district must ensure that state and federal funds are used in accordance with the FY22 Acceleration Academies Grant RFP and ensure transparency and accountability, and report publicly on the use of funds. The applicant must also ensure that all federal funds used support the Massachusetts Department of Elementary and Secondary Education (Department) standards and priorities. Districts that receive FY22 Acceleration Academies Grant funds must implement the Acceleration Academy model with fidelity, ensuring the program adheres to the following key components:* Acceleration Academies take place during the February and/or April school vacation weeks
* Instruction is provided in-person
* Students can only be assigned to one subject area during an Acceleration Academy week
* Students receive 4+ hours of in-person core content instruction each day within a given week or a total of 20+ hours of core content instruction in a week
* Class sizes are small (10-12 students/core content teacher)
* Students are taught by the same core content teacher for the duration of an Acceleration Academy
* Classes are taught by highly effective educators who are hired through a selective application process
* Teachers selected/hired to teach in the Acceleration Academies receive a $3,500 stipend for each Acceleration Academy they are selected/hired to teach in

**The applicant must participate in any program evaluation and monitoring activities associated with this fund source.**  |

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

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