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| **Name of Grant Program:** Appleseeds Implementation Grant | **Fund Code: 203** |

PART IV – ASSURANCE FROM EACH PARTICIPATING SCHOOL

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| ***Please submit one copy of this form for each school named in the grant proposal.***  ***The*** ***Principal of each school should complete this form.*** |

|  |  |
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| District/LEA name: |  |

As Principal of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*[school name]*

I assure the Massachusetts Department of Elementary and Secondary Education that:

* Information about the above-named school is accurately represented throughout the Appleseeds Implementation Grant proposal being submitted by the applying district or entity;
* Stakeholders from the above-named district are committed to carrying out activities in their schools;
* I agree to work closely with the Appleseeds Implementation Grant professional learning vendor, to develop and refine effective planning;
* I agree to provide all necessary data to support evaluation activities;
* I agree to share our learning and story with other districts in order to support other district’s skillful implementation of Appleseeds;
* As the principal, I am committed to the activities articulated in the Appleseeds Implementation Grant.

Signature

Typed Name

and Date