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

PART V – DISTRICT ASSURANCE

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| ***The Superintendent, Executive Director, or equivalent executive should sign this form.*** |

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| District/LEA name: |  |

As Superintendent or equivalent, 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 were involved with developing the Appleseeds Implementation Grant and are committed to carrying out activities in their schools and classrooms;
* 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 Superintendent or equivalent, I am committed to the activities articulated in the Appleseeds Implementation Grant.

Signature

Typed Name

and Date