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| **Name of Grant Program:** GLEAM, K-12 | **Fund Code:** 509 and 510 |

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 district or LEA is accurately represented throughout the GLEAM proposal being submitted;
* Stakeholders from each participating school were substantively involved with developing the GLEAM proposal and are committed to carrying out GLEAM activities in each classroom;
* As Superintendent, I am committed to the activities articulated in the GLEAM proposal and prepared to dedicate staff capacity as needed to complete them;
* Activities articulated in the GLEAM proposal will be a priority in each participating classroom;

Signature

Typed Name

and Date