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| **Name of Grant Program:** Partners for Youth Success: Personal Responsibility Education Program (PREP) -Planning and Capacity Building Competitive Grant | **Fund Code:** 0716/0211  |

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| GRANT ASSURANCES Fiscal Year 2024 |

The grantee agrees to the following terms and conditions of grant funding:

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| ☐ | Designate a Partners for Youth Success Planning Team of at least 2 -3 persons to fulfill the requirements of the grant. Identify a district coordinator/team lead. |
| ☐ | Allow the designated team to participate in required trainings sponsored by the Departments of Elementary and Secondary Education (Department) and Public Health (DPH).  |
| ☐ | Allow designated team to work through the Massachusetts Sexuality Education Self Assessment model to assess the district’s/school’s sexuality education curriculum and programming. Results of the self-assessment are intended to be used to support planning and implementation as it relates to curriculum, policy, and program efforts related to comprehensive sexuality education. |
| ☐ | Support the designated team in implementation of action plans resulting from self-assessment processes  |
| ☐ | Allow personnel, as appropriate, to participate in professional development and training to ensure safe and supportive environments and systems for effective program delivery prior to implementing selected curriculum |
| ☐ | Allow teacher(s)/facilitators to participate in professional development and training for effective program delivery prior to implementing selected curriculum. This includes:* Foundational sexuality educator training (e.g. Sexuality Education Cornerstone Seminar)
* Curriculum Specific Training
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| ☐ | Submit program updates and final reports according to written guidelines as determined by the Department. |
| ☐ | Participate in any additional training or reporting required by the Department, DPH and/or the federal funders of this grant. |
| ☐ | Ensure that the district team lead and business/grant office lead (with access to GEM$) monitor grant expenditures and fund requests in support of program activities regularly and report anticipated difficulties spending the grant award in full to the Department program specialist as soon as known. |

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| **Signature of District Prep Coordinator (Team Lead)** | Typed/Printed Name | Title | Date |
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| **Signature of Superintendent** | **Typed/Printed Name** | **Date** |
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