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| **Name of Grant Program:** Math Acceleration Academies | **Fund Code:** 125 |

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| 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.

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| **District Assurances** |
| The district must ensure that state and federal funds are used in accordance with the Math 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 Math Acceleration Academies Grant funds must implement the Acceleration Academy model with fidelity, ensuring the program adheres to the following key components:   * Instruction is provided in-person * Lessons are tailored to the specific needs of students and should involve engaging, hands-on learning experiences * Multiple forms of student data (MCAS, benchmark assessments, attendance, etc.) are used to determine which students are invited to participate in an Academy * Students receive 4+ hours of in-person math instruction each day for a total of 20+ hours of math instruction during the Academy week * Students in elementary and middle school grades attend at least 1 specials or enrichment class each day. (Highly recommended but not required) * Class sizes are small (10-12 students per math teacher) * Each Acceleration Academy math teacher teaches the same group of students each day for the duration of the Academy week * Classes are taught by highly effective teachers who are hired through a selective application process * Teachers are given the autonomy to create lessons based on their students' specific needs and/or focus standards set by the district or school   **The applicant must participate in any program evaluation and monitoring activities associated with this fund source.** |

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| **District Name:** |  |

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

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