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| --- | --- |
| **Name of Grant Program:** Evaluate and Select HQIM Network Support | **Fund Code: 161** |

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.*** |

|  |  |
| --- | --- |
| 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 proposal being submitted by the applying district or entity;
* Stakeholders from the above-named school are committed to carrying out grant activities in the school;
* As Principal, I am committed to the activities articulated in the proposal;
* Activities articulated in the proposal will be a priority for the above-named school.

Signature

Typed Name and Date