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

PART V –DISTRICT ASSURANCE

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

|  |  |
| --- | --- |
| 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 proposal being submitted;
* Stakeholders from each participating school were substantively involved with developing the proposal and are committed to carrying out the activities;
* As Superintendent, I am committed to the activities articulated in the proposal and prepared to dedicate staff capacity as needed to complete them;
* Activities articulated in the proposal will be a priority;

Signature

Typed Name and Date