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| **Name of Grant Program:** High Quality Instructional Materials Purchase Grant  | **Fund Code:** 165 |

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.*** |

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| District/LEA name: |  |

As Principal or Building Leader of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

*[school name]*

I assure the Massachusetts Department of Elementary and Secondary Education that:

* I have provided a letter of support answering the following questions:
	+ In your estimation, how many minutes per week of instruction are needed to implement the purchased curriculum materials? How many minutes a week do you currently schedule for that subject? If they do not align, explain how you plan to address that issue.
	+ In your estimation, how much time is needed to support educators in implementing these materials through coaching and professional development. How much time do you regularly schedule each year towards coaching and professional development. What percent of that time will be dedicated towards implementation support? If they do not align, explain how you plan on addressing that issue.
	+ What other priorities are you prioritizing in your building? How does implementing these materials align with those other priorities?
* I agree to provide all necessary data to support evaluation activities;
* I agree to share our learning and story with other districts in order to support the skillful implementation of HQIM across the state;
* As the principal or building leader, I am committed to the activities articulated in the HQIM Purchase Grant.

Signature

Typed Name

and Date