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

PART V –DISTRICT ASSURANCE

|  |
| --- |
| ***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 above-named LEA is accurately represented throughout the HQIM Purchase Grant proposal being submitted by the applying district or entity;
* Stakeholders from the above-named LEA were substantively involved with developing the HQIM Purchase Grant and are committed to carrying out activities in their schools and classrooms to develop and implement and Implementation Plan if awarded;
* The LEA agrees to match grant funds to purchase materials 50/50.
* 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 skillful implementation of HQIM across the state;
* As the superintendent or LEA leader, I am committed to the activities articulated in the HQIM Purchase Grant.

Signature

Typed Name

and Date