##### **ADULT EDUCATION INSTRUCTIONAL GRANTS**

# STATEMENT OF ASSURANCES FOR THE ABOVE LISTED FUND CODES

|  |  |
| --- | --- |
| Organization Name: |  |

*(The Organization Name must match the Applicant Name on Lines A on the Standard Contract Form and Application for Program Grants, Program Unit Signature - Part I of Required Forms.)*

# If awarded an Adult Education (AE) grant, and by accepting funds, the grant recipient assures DESE that:

The grant recipient will abide by the [FY24-FY28 Massachusetts Policies for Effective Adult Education in Community Adult Learning Centers and Correctional Institutions](https://www.doe.mass.edu/acls/abeprogram/policies.docx) . ACLS reserves the right to update policies throughout the year and the program agrees to commit to updated policies. The failure of a program to demonstrate compliance with the policy requirements in the [FY24-FY28 Massachusetts Policies for Effective Adult Education in Community Adult Learning Centers and Correctional Institutions](https://www.doe.mass.edu/acls/abeprogram/policies.docx) may have consequences, including but not limited to corrective action, withholding of funds, grant reduction, or grant termination.

I understand and agree

## The grant recipient will not use any funds made available from DESE/ACLS for the purpose of supporting or providing programs, services, or activities to individuals who are ineligible individuals.

I understand and agree

## The grant recipient will only expend funds appropriated in the approved budget to carry out Title II of the Workforce Innovation and Opportunity Act (WIOA) in a manner consistent with DESE fiscal requirements; funds shall supplement and not supplant other state or local public funds expended for adult education and literacy activities.

I understand and agree

## The grant recipient will ensure that the approved services are carried out as specified with sufficient resources, including space and technology, to meet the requirements of the grant.

I understand and agree

1. The grant recipient will sign and thereby agree to the local umbrella Workforce Development Board Memorandum of Understanding (MOU).

I understand and agree

## The grant recipient will agree to comply with all federal and state rules prohibiting discrimination.

I understand and agree

1. The grant recipient understands its obligations under the ADA and assures that its AE program(s) are ADA compliant. The recipient understands that the federal Americans with Disabilities Act, 42 U.S.C. 12101 et seq., places affirmative duties on public and private entities to ensure that individuals with disabilities can access and have equal opportunities to participate in all public services provided by AE programs. The grant recipient also understands that failure to comply with applicable provisions of the ADA may result in the loss of state and federal AE funding, and that the Department may inform the federal Office for Civil Rights (OCR) and the Massachusetts Commission Against Discrimination (MCAD) about issues of non-compliance.

I understand and agree

1. The grant recipient will provide financial and data records as requested and understands that falsification of required documentation may trigger a data and/or fiscal audit or result in termination of the grant.

I understand and agree

## If applicable, the Integrated English Literacy and Civics Education (MassSTEP-ESOL) program under section 243(a) of WIOA will be:

1. designed to prepare adults who are English language learners for, and place such adults in, unsubsidized employment in in-demand industries and occupations that lead to economic self-sufficiency and integrate with the local workforce development system to carry out program activities; and
2. delivered in combination with integrated education, including civics and English language instruction, and training activities.

I understand and agree

## If applicable, AE services for incarcerated individuals within a correctional institution will prioritize serving individuals who are likely to leave the correctional institution within five years of participation in the program.

I understand and agree

**We hereby certify all of the above:**

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| Typed Name | Signature of Chief Administrative Officer (Superintendent of Schools, President, Executive Director, or Sheriff) | Date |
|  |  |  |
| Typed Name | Signature of Chairperson of School Committee, Board, or Other Governing Body | Date |