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| **Name of Grant Program:** Supporting Students’ Social Emotional Learning, Behavioral & Mental Health, and Wellness (SEL & Mental Health) Continuation Grant | **Fund Code:** 613/311/332 |

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| GRANT ASSURANCE |

**Please mark with an ‘x’ to confirm the applicant’s commitment to each of the following:**

\_\_\_\_ Applicants commit to participate in a Kick-off meeting for the SEL/MH grant (likely in late fall)

\_\_\_\_ Applicant commits to participate in at least two networking events (likely mid-year and end-of-year)

\_\_\_\_ Applicant commits to participate in one end of year celebration event

|  |  |  |  |
| --- | --- | --- | --- |
| **District:** |  | | |
|  |  |  |  |
| **Signature of Superintendent / Charter District Leader / Executive Director** | **Typed/Printed Name** | **Title** | **Date** |