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| **Name of Grant Program:** Investigating History Implementation Grant  | **Fund Code:** 653 |

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 of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*[school name]*

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

* Information about the above-named school is **accurately represented** throughout the Investigating History Implementation Grant proposal being submitted by the applying district or entity;
* Stakeholders from the above-named school are **committed** to carrying out activities in their schools;
* I agree to work closely with an Investigating History **professional learning vendor** (if applicable) to support the effective implementation of the curriculum;
* I agree to support **evaluation of the curriculum** as described in the Request for Proposals, including allowing for classroom observations from the evaluator and/or DESE staff;
* As the **principal**, I am committed to the activities articulated in the Investigating History Implementation Grant, particularly the instructional time commitments agreed to in Part B and the implementation supports described in Part D.

Signature

Typed Name

and Date