

Form F: Statement of Assurances

California Scale-Up MTSS Statewide (SUMS) Initiative

I support the proposed initiative and commit my organization to completing all of the tasks and activities that were described in the application. I also certify that each of the following requirements of the California Scale-Up MTSS Statewide (SUMS) Initiative grant application has been met:

1. All of the parties entering into this grant agree to be subject to the examination and audit of the State Auditor for a period of three years after final payment under the grant. Grantee agrees to obtain a timely audit where required in accordance with applicable audit guidelines.
2. Items produced under the terms of this contract will be the property of the California Department of Education (CDE) and ownership of any copyrights, patents, or other proprietary interests that may result from grant activities shall be governed by applicable state regulations.
3. Grantees commit to reviewing the Family Educational Rights and Privacy Act (FERPA) in relation to the proposed initiative. Information on FERPA is available at the U.S. Department of Education FERPA Web page at <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.
4. The LEA commits to gathering teacher and student release forms for videos, interviews (which may include focus groups), and observations, if applicable.
5. Timely Reporting: The grantees commit to providing all reports according to the pre-determined reporting schedule.
6. Grantees and Local Education Agencies (LEAs) with sub-agreements shall comply with the General Assurances.
7. Grantees will ensure that SUMS initiative funds are used to supplement and not to supplant funding that would otherwise be used to support proposed activities.

Lead LEA Name: _____

LEA (2) Name: _____

LEA (3) Name: _____

Signature by Authorizing Agents: By signing this document, I certify that my organization meets the requirements of the California Scale-Up MTSS Statewide (SUMS) Initiative grant application.

_____ Lead LEA Initiative Director (print)	_____ Date
_____ Lead LEA Initiative Director (signature)	_____ Date
_____ Lead LEA Superintendent or designee (print)	_____ Date
_____ Lead LEA Superintendent or designee (signature)	_____ Date
_____ Lead LEA Fiscal Agent (print)	_____ Date
_____ Lead LEA Fiscal Agent (signature)	_____ Date
_____ LEA (2) Initiative Director (print) (optional)	_____ Date
_____ LEA (2) Initiative Director (signature) (optional)	_____ Date
_____ LEA (2) Superintendent or designee (print) (optional)	_____ Date
_____ LEA (2) Superintendent or designee (signature) (optional)	_____ Date
_____ LEA (3) Initiative Director (print) (optional)	_____ Date
_____ LEA (3) Initiative Director (signature) (optional)	_____ Date
_____ LEA (3) Superintendent or designee (print) (optional)	_____ Date
_____ LEA (3) Superintendent or designee (signature) (optional)	_____ Date