

Division of Family and Children Services, Prevention and Community Support Section

**FY2025 Second Step Program**

**School Assurance**

Complete form for each participating school. Sign document(s), scan and save pdf as ***Agency Name.Assurance***

If submitting multiple assurances, scan and combine as a single pdf.

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| **Applicant \***:  |  |  |
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*\*Record full legal name of entity agency/organization/institution.*

As the Representative(s) of ***[insert name of implementing school name here****]* School System/School/Organization authorized to enter into contracts and/or to make assurances regarding curriculum and classroom instruction, I am providing the following assurances that this school system/school/organization will assume the obligations that are enumerated below. These assurances will become an addendum to the contract if this application is approved for funding.

1. I understand that training is one of the major commitments necessary to the initial GA Second Step Program implementation. As such, I recognize the importance of this initial commitment and I am willing to make a commitment to having staff trained in the techniques of Second Step.
2. I understand that the Georgia Division of Family and Children Services - Prevention and Community Support section (DFCS-PCS) is interested in funding systems that are willing to make a commitment to implementing the GA Second Step Program over a minimum period of one year. I assure that our school system/school/organization, if funded to implement the GA Second Step Program by DFCS-PCS, will continue to use the Second Step curriculum for at least one year.
3. I understand that periodic reports of Second Step training, participation and outcomes will be required of grantees. I assure that our system/school/organization will make regular and timely reports regarding the implementation of the Second Step curriculum for at least one year following implementation of the Second Step curriculum. I understand that if reports are not submitted to DFCS-PCS at the prescribed intervals, PCS maintains the right to require that Second Step Curriculum be returned to PCS and/or a repayment of funds awarded by PCS for the GA Second Step Program be returned to DFCS-PCS.
4. I understand that regular classroom teachers must present the curriculum to all their students. I also understand that the curriculum is not intended to be used outside the regular classroom with target groups of children identified as being “at-risk” or those with behavior problems.
5. I agree to participate in a statewide impact evaluation of the effectiveness of the Second Step curriculum by allowing our evaluation information to be aggregated with information from other grantees, if necessary.
6. I understand that if awarded a contract to implement GA Second Step Program in one or more schools, each school will implement according to the timeline detailed in the grant application. If school personnel deem it necessary to make modifications to the implementation plans, timeline or Second Step model, I understand that approval must be granted from DFCS-PCS prior to implementation.
7. I understand that if awarded a contract to implement Second Step, failure to comply with contractual reporting requirements could result in returning the Second Step curriculum to DFCS-PCS and/or an immediate repayment of funds issued by DFCS-PCS.
8. I understand that if awarded a contract to implement Second Step in middle schools utilizing the streaming curriculum, failure to implement for the full subscription timeframe or to comply with reporting requirements could result in returning the Second Step curriculum to DFCS-PCS and/or an immediate repayment of funds issued by DFCS-PCS.

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| **Superintendent:** |  |  |  |  |  |
| **Principal:** | *Name* |  | *Signature* |  | *Date* |
|  | *Name* |  | *Signature*  |  | *Date* |
| *\*Signatures of both the Superintendent and the Principal are required for each school implementing Second Step.* |

***Each participating school must also complete and submit a corresponding School Sponsorship form.***