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Department of Human Services, Division of Family and Children Services,

Prevention and Community Support Section

**FY2024 Sources of Strength Program (STR)**

**School Assurance**

Complete form for each participating school. Sign document(s), scan and save pdf as *STR####*\_SchoolAssurance

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

|  |  |  |
| --- | --- | --- |
| **Applicant \***: |  | **Proposal ID#** |
| **STR####** |

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

As the Representative(s) of the ***[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 Sources of Strength 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 Sources of Strength.
2. I understand that periodic reports of Sources of Strength 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 Sources of Strength curriculum.
3. I agree to participate in a statewide impact evaluation of the effectiveness of the Sources of Strength curriculum by allowing our evaluation information to be aggregated with information from other grantees, if necessary.
4. I understand that if awarded a contract to implement Sources of Strength 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 Sources of Strength model, I understand that approval must be granted from DFCS-PCS prior to implementation.
5. I understand that if awarded a contract to implement Sources of Strength, failure to comply with contractual reporting requirements could result in 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 Sources of Strength.* | | | | | |

*Each participating school must also complete and submit corresponding School Sponsorship and School Implementation forms.*