

**Addendum B** (Page 1 of 3)

**ADMINISTRATIVE ASSURANCES  
FY 2010 (program year 2009-2010)**

The Assurances and Certifications Signature Page signed by the Superintendent of Schools, the Principal, and/or the Executive Director of Partnering Entities, **submitted with the grant application by June 18, 2009**, certifies the applicant's agreement to the following sets of assurances.

**PLEASE READ COMPLETELY BEFORE SIGNING**

**General Assurances**

*Description:* Grantees are required to submit the following assurances, applicable to each of the 21<sup>st</sup> Century Community Learning Center programs included in this application.

1. We fully understand that the 21<sup>st</sup> Century Community Learning Centers Exemplary Grant is a one to three year grant subject to funding and meeting all requirements each year. We further understand that this grant program funding cycle will be complete at the conclusion of the three years (FY2012) and that there is no commitment of additional funding beyond the three years.
2. Each such program will be administered in accordance with all applicable statutes, regulations, program plans, and applications.
3. The control of funds provided under the 21<sup>st</sup> Century Community Learning Center program and title to property acquired with program funds will remain in a school district, public agency, or a nonprofit private agency, institution, or organization.
4. The school district, public agency, nonprofit agency, institution, or organization will administer those funds and property only for the purpose detailed in the grant application.
5. The applicant will adopt and use proper methods of administering each such program, including the:
  - a. enforcement of any obligations imposed on agencies, institutions, organizations, and other recipients responsible for carrying out each program;
  - b. correction of deficiencies in program operations that are identified through audits, monitoring, or evaluation; and
  - c. adoption of written procedures for the receipt and resolution of complaints in the administration of the programs.
6. The applicant will use such fiscal control and fund accounting procedures as will ensure proper disbursement of, and accounting for, funds paid to the Grantee under the 21<sup>st</sup> Century Community Learning Center program.
7. The program funds will be used to supplement and not supplant other funds.
8. The school district and collaborating partners will provide access of needed and pertinent student data to applicant or partnering agencies.
9. The 21<sup>st</sup> CCLC programs will have full access to space and resources needed to run a high quality program (e.g., gym, library, art room, office space, etc.). Additionally, each funded site will have priority access to agreed upon space over programs not directly affiliated with the school/school district. With rare exceptions, schools will not displace the 21<sup>st</sup> CCLC program from its usual reserved space for use by non-district/school contractors.
10. The applicant and individual sites agree to be active participants in the statewide network of exemplary 21<sup>st</sup> CCLC programs that will provide mentoring, peer support, training and technical assistance and that will serve as learning labs for new and existing 21st CCLC programs across the Commonwealth.

**Name of Grant Program:** Massachusetts 21<sup>st</sup> Century Community Learning Centers - Exemplary Programs Grant

**Fund Code:** 647-B-2

**Addendum B** (Page 2 of 3)

**FY2010 FUND CODE: 647-B-2 ADMINISTRATIVE ASSURANCES SIGNATURE PAGE**

**All information requested below should be provided.**

We agree to the assurances stated above and will comply with all grant requirements.

<b>APPLICANT AGENCY NAME</b>		
TYPED NAME OF SUPERINTENDENT OR EXECUTIVE DIRECTOR		
SIGNATURE OF SUPERINTENDENT OR EXECUTIVE DIRECTOR		
TITLE		DATE:
Phone #: (     )	Email:	Fax:

<b>21<sup>st</sup> CCLC SITE</b>		
TYPED NAME OF PRINCIPAL OR EXECUTIVE DIRECTOR		
SIGNATURE OF PRINCIPAL OR EXECUTIVE DIRECTOR		
TITLE		DATE:
Phone #: (     )	Email:	Fax:

<b>21<sup>st</sup> CCLC SITE</b>		
TYPED NAME OF PRINCIPAL OR EXECUTIVE DIRECTOR		
SIGNATURE OF PRINCIPAL OR EXECUTIVE DIRECTOR		
TITLE		DATE:
Phone #: (     )	Email:	Fax:

<b>21<sup>st</sup> CCLC SITE</b>		
TYPED NAME OF PRINCIPAL OR EXECUTIVE DIRECTOR		
SIGNATURE OF PRINCIPAL OR EXECUTIVE DIRECTOR		
TITLE		DATE:
Phone #: (     )	Email:	Fax:

**Name of Grant Program:** Massachusetts 21<sup>st</sup> Century Community Learning Centers - Exemplary Programs Grant

**Fund Code:** 647-B-2

**Addendum B** (Page 3 of 3)

<b>PARTNERING AGENCY NAME</b>		
TYPED NAME OF PRINCIPAL OR EXECUTIVE DIRECTOR		
SIGNATURE OF PRINCIPAL OR EXECUTIVE DIRECTOR		
TITLE		DATE:
Phone #: (     )	Email:	Fax:

<b>PARTNERING AGENCY NAME</b>		
TYPED NAME OF PRINCIPAL OR EXECUTIVE DIRECTOR		
SIGNATURE OF PRINCIPAL OR EXECUTIVE DIRECTOR		
TITLE		DATE:
Phone #: (     )	Email:	Fax:

<b>PARTNERING AGENCY NAME</b>		
TYPED NAME OF PRINCIPAL OR EXECUTIVE DIRECTOR		
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Phone #: (     )	Email:	Fax: