



**Cultural Integrity Commitment Act  
Assurances Checklist  
Indian Language Immersion Program**

AN ACT STRENGTHENING MONTANA'S COMMITMENT IN ITS EDUCATIONAL GOALS TO THE PRESERVATION OF AMERICAN INDIAN CULTURAL INTEGRITY AS STATED IN ARTICLE X, SECTION 1, OF THE MONTANA CONSTITUTION; ENCOURAGING SCHOOL DISTRICTS TO CREATE INDIAN LANGUAGE IMMERSION PROGRAMS; PROVIDING FUNDING; PROVIDING AN APPROPRIATION; INCLUDING AMERICAN INDIAN LANGUAGE AND CULTURE SPECIALISTS IN THE QUALITY EDUCATOR PAYMENT; AMENDING SECTION 20-9-327, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND A TERMINATION DATE.

*This assurances checklist is how OPI verifies eligibility for Indian Language Immersion Program funding as outlined in the Cultural Integrity Commitment Act (CICA) of 2015 and authorized by the 2019 Legislature via House Bill 33.*

*Please note that the CICA requires that eligible immersion programs provide instruction in a Montana tribal language at least 50% of the day and such instruction must be done under the purview of a language instructor who is proficient in the tribal language and holds a current Class 7 licensure. It is also important to note that the program teachers listed on this form are listed as instructors for the grade levels served by the immersion program in the AIMS database.*

*Thorough and accurate completion of the checklist will result in timely notification of eligibility and allow OPI to provide maximum funding in accordance with your eligibility.*

*Thank you for your attention to these details and please don't hesitate to contact Matt Bell at (406) 544-2868 or by email: [matthew.bell@mt.gov](mailto:matthew.bell@mt.gov) should you have questions regarding completion of this checklist.*

LE Code: 0023 Dates of Proposed Program: \_\_\_\_\_

School District Applying: \_\_\_\_\_

School(s) Offering Immersion Program: \_\_\_\_\_



Please complete the table below (see pg. 5 if additional space is needed).

							Instructional Minutes	
Classroom Teacher	SEID	Est # of Students	Class 7 Teacher associated w/classroom teacher	SEID	% of FTE per grade	Grade Level	in Tribal Language	in English

**Optional Section:** Completion of the sections below is optional; however, it will be very beneficial when determining collaboration support.

**Please describe how your program will use these supports.**

1. School districts are encouraged to create Tribal Language immersion programs and in doing so,
  - a. Collaborate with other school districts such as the Montana Digital Academy, tribal education departments, and tribal colleges;

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- b. Utilize materials produced in the Montana Indian Language Preservation pilot program.

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- c. Utilize tribal Language and culture specialists as teachers of language and culture;

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- d. Look to existing Native language schools in Montana and around the world for guidance and best practices.

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\_\_\_\_\_  
\_\_\_\_\_  
District Superintendent Name: \_\_\_\_\_ Date: \_\_\_\_\_

District Superintendent Signature: \_\_\_\_\_

School Board Chair Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Board Chair Signature: \_\_\_\_\_

If approved, we will contact you to obtain enrolled student information for funding purposes.  
Please submit the completed form to the Office of Public Instruction.

**Contact info:**  
Matthew Bell  
Office: (406) 544-2868  
Email: [matthew.bell@mt.gov](mailto:matthew.bell@mt.gov)

**Contact info:**  
Donnie Wetzel, Jr.  
Office: (406) 444-4527  
Email: [dwetzel2@mt.gov](mailto:dwetzel2@mt.gov)

**Mailing Address**  
Office of Public Instruction  
P.O. Box 2002501  
Helena, MT 59620

**To be completed by OPI authorized personnel.**

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Approved by Director of Tribal Relations and Resilience

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Processed by OPI Finance Division

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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 Not Approved

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

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