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| **CONSORTIUM LEAD APPLICANT - Form TIII D (1)**(To be completed by Consortium’s Lead Applicant) |
| **Consortium Lead Applicant Information** |
| **LEA Name:** |  | **BEDS Code:** |  |
| **Program Contact Person:** |  |
| **E-mail address:** |  | **Telephone:** |  |
| I agree to be the lead applicant of a shared services consortium, composed of the members included in the TIII –D (2) Form below, for the provision of services to English Language Learners under Title III, Part A of the Elementary and Secondary Education Act (ESEA). I hereby assure the State Education Department that the LEA will fully comply with all provisions established under the aforementioned Act. |
| **CONSORTIUM MEMBERS - Form TIII D (2)**(To be completed by Consortium’s Lead Applicant) |
| The agency named above will serve as the administrative and fiscal agent for this project and will be authorized to receive and provide services to the eligible LEAs listed below for implementation of authorized activities through a consortium. |
|  | **Legal Name of LEA**  | **BEDS Code** | **Amount of LEA Title III Allocation** | **Number of English Language Learners in LEA** | **Number of English Language Learners in Non-Publics** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |