***Consortium Member Agreement and Statement of Assurances***

## McKinney-Vento Subgrant

**Attachment B: MCKINNEY-VENTO CONSORTIUM AGREEMENT FOR SY25-28**

**For Consortium Applicants Only**

**By completing and signing this form, the McKinney-Vento Grant Consortium Lead LEA and Component LEAs assure that they will:**

* Comply with NYSED’s Consortium Policy for Federal and State Grants (page 8);
* Comply with the McKinney-Vento Act and use requested funds to comply with paragraphs (3) through (7) of section 722(g);
* Collaboratively design and implement a program to serve homeless students as described in the Grant Application from the lead LEA.;
* Be an active member of the consortium, convening (or participating in) consortium meetings at least 3 times per year to discuss ongoing program needs and goals and/or provide training. Dates and outcomes from meetings will be required as part of the end-of-year report.
* Keep records on the project;
* Submit annual fiscal and programmatic reports (including aggregate data on students identified as homeless) for submission to the New York State Education Department. The end of the year report must include updates on the program implementation for each member of the consortium.
* Ensure that activities carried out by the agency will not isolate or stigmatize homeless children and youths; and
* Maintain ongoing communication and coordination among consortium members to implement a fully integrated program and carry out all consortium responsibilities.

**In the tables below, please provide a brief summary of the programmatic responsibilities and funding distribution between the Lead LEA and EACH Component LEAs** (add Component LEA tables as needed).

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| **Lead LEA Programmatic Responsibilities:** | |
| **Name of Lead LEA:** |  |
| LEA Code: |  |
| Please briefly list the services/programs the Lead LEA will provide: | (*Examples: quarterly consortium meetings, professional development for liaisons, tutoring, counseling, reporting on consortium LEA outcomes, etc*.) |
| Print Name of Superintendent/Chief Administrative Officer: |  |
| Signature of Superintendent/Chief Administrative Officer: |  |

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| **Component LEA #1 Responsibilities:** | |
| **Name of Component LEA #1**: |  |
| LEA Code: |  |
| Please briefly list the services/programs Component LEA will provide: | (*Examples: purchase and distribution of supplies, school-based after-school program, etc*.) |
| Amount of grant funds that will go directly to Component LEA: |  |
| Print Name of Superintendent/Chief Administrative Officer: |  |
| Signature of Superintendent/Chief Administrative Officer: |  |

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| **Component LEA #2 Responsibilities:** | |
| **Name of Component LEA #2**: |  |
| LEA Code: |  |
| Please briefly list the services/programs Component LEA will provide: | (*Examples: purchase and distribution of supplies, school-based after-school program, etc*.) |
| Amount of grant funds that will go directly to Component LEA: |  |
| Print Name of Superintendent/Chief Administrative Officer: |  |
| Signature of Superintendent/Chief Administrative Officer: |  |

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| **Component LEA #3 Responsibilities:** | |
| **Name of Component LEA #3**: |  |
| LEA Code: |  |
| Please briefly list the services/programs Component LEA will provide: | (*Examples: purchase and distribution of supplies, school-based after-school program, etc*.) |
| Amount of grant funds that will go directly to Component LEA: |  |
| Print Name of Superintendent/Chief Administrative Officer: |  |
| Signature of Superintendent/Chief Administrative Officer: |  |

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| **Component LEA #4 Responsibilities:** | |
| **Name of Component LEA #4**: |  |
| LEA Code: |  |
| Please briefly list the services/programs Component LEA will provide: | (*Examples: purchase and distribution of supplies, school-based after-school program, etc*.) |
| Amount of grant funds that will go directly to Component LEA: |  |
| Print Name of Superintendent/Chief Administrative Officer: |  |
| Signature of Superintendent/Chief Administrative Officer: |  |