

English Learner Programs 1500 Highway 36 West Roseville, MN 55113-4266

TITLE III NOTICE OF INTENT TO FORM A CONSORTIUM

2014-2015

General Information and Instructions:

Please complete the form, sign and mail to Donna Larkey at the address above. The notice of intent must be submitted **by 5:00 PM, June 15** for the following school year. You may e-mail a copy to mde.el@state.mn.us to meet the deadline but an **original signature** must follow by surface mail. This notice of intent is required of new consortia as well as continuing consortia.

In order to meet the \$10,000 eligibility requirement for Title III funds, the undersigned school districts agree to form a Title III consortium and maintain a minimum of a three-year consortium membership. If funds allow, the undersigned districts agree to submit a single application through which they will work cooperatively to serve English Learners, and are subject to the conditions for consortia as outlined in the Minnesota Department of Education Title III Consortium Guidelines. If funding falls short of preliminary expectations, the undersigned are not obligated to form a Title III consortium.

Contact Michael Bowlus at michael.bowlus@state.mn.us with questions regarding this form.

Consortium for School Year: 20 - 20

Fiscal Agent Identification Information

District Name:		District Number:	
Telephone Number:	Email:		
Address:	City:	Zip Code:	
District Representative Name:		Title:	
District Representative Signature:		Date:	

Participating District Identification Information District Name: District Number: Telephone Number: _____ Email: Address: _____ Zip Code: _____ District Representative Name: ______ Title: _____ District Representative Signature: _____ Date: _____ **Participating District Identification Information** District Name: District Number: Telephone Number: _____ Email: _____ Address: _____ Zip Code: _____ District Representative Name: Title: District Representative Signature: _____ Date: _____ **Participating District Identification Information** District Name: _____ District Number: _____ Telephone Number: _____ Email: _____ Address: _____ Zip Code: _____ District Representative Name: ______ Title: _____ District Representative Signature: _____ Date: _____ **Participating District Identification Information** District Name: _____ District Number: _____ Telephone Number: _____ Email: _____

Address: _____ Zip Code: _____

District Representative Name: ______ Title: _____

District Representative Signature: _____ Date: _____

Participating District Identification Information District Name: District Number: Telephone Number: _____ Email: Address: _____ Zip Code: _____ District Representative Name: ______ Title: _____ District Representative Signature: _____ Date: _____ **Participating District Identification Information** District Name: District Number: Telephone Number: _____ Email: _____ Address: _____ Zip Code: _____ District Representative Name: Title: District Representative Signature: _____ Date: _____ **Participating District Identification Information** District Name: _____ District Number: _____ Telephone Number: _____ Email: _____ Address: _____ Zip Code: _____ District Representative Name: ______ Title: _____ District Representative Signature: _____ Date: _____ **Participating District Identification Information** District Name: _____ District Number: _____ Telephone Number: _____ Email: _____

Address: _____ Zip Code: _____

District Representative Name: ______ Title: _____

District Representative Signature: _____ Date: _____

Participating District Identification Information

District Name:		District Number:	
Telephone Number:	Email:		
Address:	City:	Zip Code:	
District Representative Name:		Title:	
District Representative Signature:		Date:	
Participating District Identification I	nformation		
District Name:		District Number:	
Telephone Number:	Email:		
Address:	City:	Zip Code:	
District Representative Name:		Title:	
District Representative Signature:		Date:	

Attach additional pages as necessary.