

VI. CONSORTIUM VERIFICATION*Copy as many pages as needed.*

EACH OF THE UNDERSIGNED CERTIFIES that the information contained in this application is complete and accurate, that the local educational agency they represent has authorized them to enter into a consortium agreement, and to provide the necessary assurances of compliance with applicable state and federal statutes, rules, and regulations.

The administering agency shall be the fiscal agent and shall thereby incur and record all expenditures of funds available per applicable program provisions, rules, and regulations.

ADMINISTERING AGENCY

Administering Agency

Date Signed *Mo./Day/Yr.*

Agency Administrator

Signature

**CONSORTIUM PARTICIPANTS / LEA / ORGANIZATION**

1. LEA/Organization

Date Signed *Mo./Day/Yr.*

District Administrator

Signature



2. LEA/Organization

Date Signed *Mo./Day/Yr.*

District Administrator

Signature



3. LEA/Organization

Date Signed *Mo./Day/Yr.*

District Administrator

Signature



4. LEA/Organization

Date Signed *Mo./Day/Yr.*

District Administrator

Signature



5. LEA/Organization

Date Signed *Mo./Day/Yr.*

District Administrator

Signature



6. LEA/Organization

Date Signed *Mo./Day/Yr.*

District Administrator

Signature



7. LEA/Organization

Date Signed *Mo./Day/Yr.*

District Administrator

Signature



8. LEA/Organization

Date Signed *Mo./Day/Yr.*

District Administrator

Signature



9. LEA/Organization

Date Signed *Mo./Day/Yr.*

District Administrator

Signature



10. LEA/Organization

Date Signed *Mo./Day/Yr.*

District Administrator

Signature

