

Grant Name:

	I. ADMINISTERING AGENCY				
Agency Code	Agency Name				
The Consortium 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.					

II. ADM	IINISTERING AGENCY SIGNATURE				
I CERTIFY that my signature is a verification that the LEA and the consortium administrator have reached agreement on what the LEA is to receive for their funds and how carryover funds will be handled.					
Name of Agency Authorizer	Authorizer Signature	Date Signed Mo./Day/Yr.			
	$\succ$				

How will you establish regular contact with consortium members and how frequently will meetings or other regular contact occur?

	III. COMMUNICATION	
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	I	Date Signed Mo./Day/Yr.
District Administrator	Signature	
6. LEA/Organization	· · ·	Date Signed Mo./Day/Yr.
District Administrator	Signature	L

	III. CONSORTIUM PARTICIPANTS (cont.)	
7. LEA/Organization		Date Signed Mo./Day/Yr.
District Administrator	Signature	LL
8. LEA/Organization		Date Signed Mo./Day/Yr.
District Administrator	Signature	L
9. LEA/Organization		Date Signed Mo./Day/Yr.
District Administrator	Signature	LL
10. LEA/Organization		Date Signed Mo./Day/Yr.
District Administrator	Signature	LL
11. LEA/Organization		Date Signed Mo./Day/Yr.
District Administrator	Signature	L
12. LEA/Organization		Date Signed Mo./Day/Yr.
District Administrator	Signature	L
13. LEA/Organization		Date Signed Mo./Day/Yr.
District Administrator	Signature	LL
14. LEA/Organization		Date Signed Mo./Day/Yr.
District Administrator	Signature	LL
15. LEA/Organization		Date Signed Mo./Day/Yr.
District Administrator	Signature	LL
16. LEA/Organization		Date Signed Mo./Day/Yr.
District Administrator	Signature	LL
17. LEA/Organization		Date Signed Mo./Day/Yr.
District Administrator	Signature	LL
18. LEA/Organization		Date Signed Mo./Day/Yr.
District Administrator	Signature	LL
19. LEA/Organization		Date Signed Mo./Day/Yr.
District Administrator	Signature	LL
20. LEA/Organization		Date Signed Mo./Day/Yr.
District Administrator	Signature	LL