Consortium Lead Intent to Form a Title III Consortium

The *Intent to Form a Title III Consortium* form is used to notify the South Carolina Department of Education (SCDE) Title III program office that the following local education agencies (LEAs) intend to form a Title III consortium for the listed school year. The LEAs have verified, based on the allocations provided by the SCDE Title III program office, that the consortium will exceed the estimated minimum requirement of $10,000 (Section 3114(b)).

Subgrant: FY____ Title III, Part A _____(ML or Immigrant)

Consortium Fiscal and Programmatic Lead Agreement

_____ (consortium lead district name) agrees to serve as the FY____ (fiscal year) Title III consortium lead for the following districts for the 20____ - 20____ school year.

Title III Consortium Participants

District Code	District Name

_____ _____

Superintendent Signature (consortium lead district) Date

Upon completing the *Intent to Form a Title III Consortium* form, please send a copy to the SCDE Title III/ML program office, TitleIIIMLP@ed.sc.gov, as soon as possible. The consortium lead will upload this form and the consortium member intent form(s) into the related documents section of the Grants Electronic Management System (GEMS).

Consortium Member Intent to Form a Title III Consortium

*Duplicate this page of the form for each consortium member district as applicable.

The *Intent to Form a Title III Consortium* form is used to notify the South Carolina Department of Education (SCDE) Title III program office that the following local education agencies (LEAs) intend to form a Title III consortium for the listed school year. The LEAs have verified, based on the allocations provided by the SCDE Title III program office, that the consortium will exceed the estimated minimum requirement of $10,000.

_____ (district name) has agreed to join a consortium with _____ (consortium lead district name) as the consortium lead for the FY____ (fiscal year) Title III, Part A _____(ML or Immigrant) subgrant during the 20____ - 20____ school year.

By signing this form, the district agrees to form a Title III, Part a consortium as outlined above. If the district has questions regarding Title III, Part A consortia, please contact the district consortium lead or the SCDE Title III/ML program office, TitleIIIMLP@ed.sc.gov. The consortium member will upload this form into the related documents section of the Grants Electronic Management System (GEMS).

_____ _____

Superintendent Signature (consortium member district) Date