

FY 2008 IDEA CONSORTIUM DESIGNATION

**THIS FORM MUST BE COMPLETED AND SUBMITTED BY MAY 15th TO ENSURE A
TIMELY CONSORTIUM ESTABLISHMENT.**

Applicant LEA: _____ **County:** _____ **LEA Code:** _____.

The Applicant LEA contributes all funds to the Consortium.

Consortium Agreement: _____ has been designated as the applicant agency for the FY 2008 IDEA entitlement application. As the applicant agency, I have agreed to the implementation of activities, utilization of funds, sharing of costs and final disposition of equipment purchased with the funds as set forth in the application.	
IDEA Applicant	Chief School Administrator Name: Chief School Administrator Signature:

Participant LEA: _____ **County:** _____ **LEA Code:** _____.

Consortium Agreement: _____ has been designated as a participant agency for the FY 2008 IDEA entitlement application. As a participating agency, I have agreed to the implementation of activities, utilization of funds, sharing of costs and final disposition of equipment purchased with the funds as set forth in the application.	
IDEA Participant	Chief School Administrator Name: Chief School Administrator Signature:

Participant LEA: _____ **County:** _____ **LEA Code:** _____.

Consortium Agreement: _____ has been designated as the participant agency for the FY 2008 IDEA entitlement application. As a participating agency, I have agreed to the implementation of activities, utilization of funds, sharing of costs and final disposition of equipment purchased with the funds as set forth in the application.	
IDEA Participant	Chief School Administrator Name: Chief School Administrator Signature:

If there are more than two participants this form may be copied.

Submit the completed form(s) to:
Patricia Holcomb-Gray, IDEA-B Coordinator
New Jersey Department of Education
Riverview Executive Plaza, Building 100
P.O. Box 500
Trenton, New Jersey 08625-0500
Attention: IDEA-B Consortium Designation

This form may also be faxed to the attention of Patricia Holcomb-Gray at 609-984-8422.