

IDEA Consortium Designation

Fiscal Year:

Instructions

Use more forms if more than 2 participants. Must have participant signatures.

Submit the completed forms to:

New Jersey Department of Education

Janelle Monin

Attention: IDEA-B Consortium Designation

janelle.monin@doe.nj.gov

IDEA Applicant

Applicant LEA:

County:

LEA Code:

Funds contributed (Check all that apply): Basic Preschool

Consortium Agreement

Note: The form fields in this section will autofill with the applicant LEA name from the *IDEA Applicant* section and the fiscal year from the top of the form.

_____ has been designated as the *applicant* agency for the FY _____ IDEA entitlement applications, as noted above. 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.

Chief School Administrator Name

Chief School Administrator Signature

IDEA Participant 1

Participant LEA:

County:

LEA Code:

Funds contributed (Check all that apply): Basic Preschool

Consortium Agreement

Note: The form fields in this section will autofill with the participant LEA name from the *IDEA Participant 1* section and the fiscal year from the top of the form.

_____ has been designated as the *participant* agency for the FY _____ IDEA entitlement applications, as noted above. 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.

Chief School Administrator Name

Chief School Administrator Signature

IDEA Participant 2

Participant LEA:

County:

LEA Code:

Funds contributed (Check all that apply): Basic Preschool

Consortium Agreement

Note: The form fields in this section will autofill with the participant LEA name from the *IDEA Participant 2* section and the fiscal year from the top of the form.

_____ has been designated as the *participant* agency for the FY _____ IDEA entitlement applications, as noted above. 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.

Chief School Administrator Name

Chief School Administrator Signature