**2019-2020 -- CIP Budget Narrative/Spending Workbook**

**Title I – C Certification of District Consortium Membership**

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| This document must be signed by the DISTRICT SUPERINTENDENT.  **CERTIFICATION OF DISTRICT MEMEBERSHIP IN A TITLE IC CONSORTIUM**  Name of School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Institution ID# \_\_\_\_\_\_\_\_\_\_  Name of Consortium Lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consortium Institution ID# \_\_\_\_\_\_\_\_\_\_  The district superintendent authorizes the Consortium Lead to act as fiscal agent for Title IC funds generated by Migrant students attending the district. The funds must be used to implement the Title IC Consortium Continuous Improvement Plant (CIP) including the Budget Narrative spending Workbook.  The district superintendent confirms that school district representatives, including parents, will participate in the development and implementation of the Consortium CIP, including the budget Narrative Spending Workbook. The superintendent acknowledges that the school district, as member of the consortium, must approve the Consortium CIP and/or Budget Narrative Spending Workbook prior to submission to Oregon Department of Education.  Name of District Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of District Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  District will provide TransACT form PSC-02 as evidence of Annual Private School Consultation of Title IC program for all private schools in the district(s). |

**Consortium Information**

Name of Representative of Consortium Lead/Fiscal Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Consortium Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street City Zip*

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_