Click to enter **Date**

Click to enter **Name of district/consortium and contact information**.

Dear Click to enter **Name of private school or private school contact**,

Click to enter **District/consortium name** is a recipient of a federal Stronger Connections Grant (SCG). This grant provides Click to enter **A general description** **of the program offered and characteristics of students who will be served**.

We are reaching out to your school to inquire if you may want to participate in our SCG programs through equitable services. Private schools may choose to participate or choose not to participate in SCG equitable services. Participating in an equitable service program does not mean that the private school is accepting federal funds and does not stipulate a requirement for the private school to adopt or participate in federal or state regulations and policies.

The initial consultation meeting on SCG equitable services will be held on Click to enter **Date of meeting** at Click to enter **Time of meeting**. Click to enter **Meeting** l**ocation information or virtual meeting information**.

Please **complete and return the Intent to Participate form** on page 2, even if you do not want participate in equitable services. As the subgrantee, we have a responsibility under federal law to record every private school response to the offer of equitable services on an annual basis for each year of the grant period.

The **deadline** for your response is Click to enter **Deadline date**. If a response is not received by this deadline, we will make one more attempt to contact you within two weeks after the deadline. A private school that does not respond to either contact attempts will be considered to have declined services, unless there are extenuating circumstances.

Sincerely,

Click to **Add signature**

**Page 2 - Intent to Participate in SCG Equitable Services**

**Please indicate your intent to participate (please check one)**:

[ ] Yes, we will attend SCG consultation and plan on participating in equitable services.

[ ] Yes, we will attend SCG consultation to learn more about equitable services and may or may not participate.

[ ] Yes, we want to discuss participating in SCG equitable services but will need to schedule an alternative meeting time.

[ ] No, we will not attend and do not want to participate in SCG equitable services.

Please return this completed form, or direct questions to Click to insert **Name of district/consortium contact** by mailing to Click to insert **District/consortium mailing address** or emailing to Click to enter **District/consortium email address**.

**Private School Information**

**School Name:** Click or tap to enter private school name.

**Contact Name and Title:** Click or tap to enter private school contact name and title.

**Phone:** Click or tap to enter phone number. **Email:** Click or tap to enter email address.

**Signature:** Click or tap to sign name. **Date:** Click or tap to enter a date.