



# Illinois State Board of Education

Multilingual Department  
555 West Monroe Street, Suite 900  
Chicago, IL 60661

DISTRICT CONSORTIUM MEMBER  
AGREEMENT IN THE  
20\_\_-20\_\_ SCHOOL YEAR  
(Based on data gathered in FY 20\_\_)

## MULTILINGUAL DEPARTMENT

### Title III: Language Instruction Educational Program (LIEP)

Complete this form only if the Title III LIEP grant application is being submitted under a consortium agreement. We, the undersigned districts below, agree to be a part of a district consortium with:

Administrative and Fiscal Entity	
DISTRICT NAME AND NUMBER	DATE
SUPERINTENDENT'S NAME	<i>Original</i> Signature of SUPERINTENDENT

for the provisions of services to English learners (ELs) under English Learner and Title III of the Elementary and Secondary Education (ESEA) as amended by the Every Student Succeeds Act (ESSA). We, the cooperative members, have agreed to have our LIEP funds transferred to the Administrative and Fiscal Entity for the purpose of providing EL related services to our EL students.

Consortium Members	
DISTRICT NAME AND NUMBER	DATE
SUPERINTENDENT'S NAME	<i>Original</i> Signature of SUPERINTENDENT

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This form must be completed, signed and returned either via **fax to (312) 814-2282**, via scanned copy **emailed to your assigned consultant in the Multilingual Department**, or **mailed to the address below** prior to the submission of the grant application by the Administrative and Fiscal agent:

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