



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001

AMERICAN RESCUE PLAN HOMELESS CHILDREN AND YOUTH II NOTICE OF INTENT TO FORM A CONSORTIUM

WELLNESS DEPARTMENT

Due: February 1, 2022

General information: The U.S. Department of Education has established that awards granted under the American Rescue Plan (ARP) Homeless Children and Youth (HCY) II Program may not be less than \$5,000. See [Notice of Final Requirements for the American Rescue Plan Homeless Children and Youth Program](#). However, Local Educational Agencies (LEAs) that do not reach the \$5,000 threshold may join together in a consortium to do so and, therefore, qualify to access ARP HCY II funding.

Instructions: Complete the form by having each participating member of the consortium provide the information that is requested. Once the Notice of Intent to Form a Consortium form is complete and signed by each member, email it to Homeless@isbe.net. The completed Notice of Intent to Form a Consortium must be received by the end of the business day on February 1, 2022. Contact Homeless@isbe.net with questions.

Consortium Agreement: In order to meet the \$5,000 eligibility requirement for ARP HCY II funds, the undersigned LEAs agree to form and maintain a consortium for the purpose of carrying out allowable activities under the ARP HCY II Program. The consortium shall be in effect throughout duration of the ARP HCY II award cycle. The undersigned districts agree that the fiscal agent will submit a single application in ISBE's grant management system through which they will work collaboratively to serve children and youth experiencing homelessness.

FISCAL AGENT IDENTIFICATION INFORMATION	
LEA NAME	RCDT NUMBER
TELEPHONE (Include Area Code)	EMAIL
ADDRESS (Street, City, State, Zip Code)	
LEA REPRESENTATIVE NAME	TITLE
LEA REPRESENTATIVE SIGNATURE	DATE

PARTICIPATING LEA IDENTIFICATION INFORMATION	
LEA NAME	RCDT NUMBER
TELEPHONE (Include Area Code)	EMAIL
ADDRESS (Street, City, State, Zip Code)	
LEA REPRESENTATIVE NAME	TITLE
LEA REPRESENTATIVE SIGNATURE	DATE

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Attach additional pages, as necessary.