# Form A: Applicant Info Sheet2023–24 California Community Schools Partnership Program:Implementation Grant, Cohort 3

Please complete the following:

**Local Educational Agency (LEA) Name:** Click or tap here to enter text.

**LEA’s County-District-School Code:** Click or tap here to enter text.

**Primary Contact:**

 **Name:** Click or tap here to enter text.

 **Title:** Click or tap here to enter text.

 **Phone:** Click or tap here to enter text.

 **Email:** Click or tap here to enter text.

**Secondary Contact:**

 **Name:** Click or tap here to enter text.

 **Title:** Click or tap here to enter text.

 **Phone:** Click or tap here to enter text.

 **Email:** Click or tap here to enter text.

**Fiscal Contact:**

 **Name:** Click or tap here to enter text.

 **Title:** Click or tap here to enter text.

 **Phone:** Click or tap here to enter text.

 **Email:** Click or tap here to enter text.

If applicable, as described in California *Education Code* (*EC*) Section 8901(i)(2), if the LEA applicant is not a qualifying entity itself but is applying on behalf of schools that are qualifying entities, list the school(s) on whose behalf the LEA is applying and the factors that warrant the school's consideration, including but not limited to, fulfilling an exceptional need or providing service to a particular target population:

Click or tap here to enter text.

If applicable, if the LEA is applying as part of a consortium, as described in *EC* 8901(c), list the additional LEA(s) and/or cooperating agency(agencies) that form the consortium:
Click or tap here to enter text.

If applicable, list the cooperating agency (including county behavioral health agency, federal Head Start or Early Head Start program or other government-funded early childhood program or agency or childcare program or agency within a public institution of higher education), as described in *EC* 8901(d), with which the LEA will partner:
Click or tap here to enter text.

I support this application for a California Community Schools Partnership Program (CCSPP) implementation grant. As a condition of funding, I assure that the LEA applying for the CCSPP implementation grant will adhere to the intent and letter of the California Community Schools Partnership Act as part of California *EC* sections 8900–8902; the California Community Schools Framework; the assurances, certifications, terms and conditions included in the Request for Applications; and the grant requirements and specifications identified in the Request for Applications. By signing/typing my name electronically, I am agreeing that my electronic signature is the legal equivalent of my manual signature on this Form and demonstrates my agreement to comply with all CCSPP application items (the 2023–24 CCSPP Application Questionnaire, Project Abstract, LEA and Site Participation Sheet, Implementation Plan[s], Artifacts, and Budget Worksheet).

Add pages and/or signature lines as needed to ensure each LEA and school site identified in Attachment I: CCSPP LEA and Site Participation Sheet has signed this form. Sign and date below.

**LEA Name:** Click or tap here to enter text.

Click or tap here to enter text.

E-Signature of LEA Superintendent or Designee Date

**School site 1 Name:** Click or tap here to enter text.

Click or tap here to enter text.

E-Signature of Site Principal Date

**School site 2 Name:** Click or tap here to enter text.

Click or tap here to enter text.

E-Signature of Site Principal Date

**School site 3 Name:** Click or tap here to enter text.

Click or tap here to enter text.

E-Signature of Site Principal Date

**School site 4 Name:** Click or tap here to enter text.

Click or tap here to enter text.

E-Signature of Site Principal Date

Posted by California Department of Education – November 2023