

**FORM B: Intent to Submit an Application for the
Educator Workforce Investment Grant: Special
Education-Related Professional Development**

Please return this Intent to Submit an Application form to the California Department of Education (CDE) at the email address below to submit an application for the Educator Workforce Investment Grant: Special Education-Related Professional Development. The CDE will accept only applications for which it has received the Intent to Submit an Application form. The form must be received by the CDE by email no later than 4 p.m. on Tuesday, February 28, 2023.

Return this form to:

Special Education Division

Email: SEEWIG@cde.ca.gov

Subject line: Educator Workforce Investment Grant: Special Education-Related Professional Development

Official Applicant*:

Contact Person/Title:

Telephone:

Email address:

Signature of Authorizing Officials: By signing this document, I certify the county office of education is eligible to apply for Educator Workforce Investment Grant: Special Education-Related Professional Development funding and the application will fulfill all requirements of the statute and regulations related to this funding.

County Office of Education or Designee's Signature:

Date:

*If applying as a consortium of county offices of education (COEs), please complete page two of this form.

If applying as a consortium of COEs, please provide the names of the additional COEs, grant contacts, and titles. If the consortium consists of more than six COEs, please attach a document with all COE names and grant contacts and titles.

County Office of Education Name:

Contact Person/Title:

County Office of Education Name:

Contact Person/Title:

County Office of Education Name:

Contact Person/Title:

County Office of Education Name:

Contact Person/Title:

County Office of Education Name:

Contact Person/Title: