

**FORM B: Intent to Submit an Application for the
Educator Workforce Investment Grant Program:
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 Program: 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 5 p.m. on Monday, January 6, 2020.

Return this form to:

Special Education Division

Email: SEEWIG@cde.ca.gov

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

Official Applicant*:

Contact Person/Title:

Telephone:

Email address:

Signature of Authorizing Officials: By signing this document, I certify the local educational agency is eligible to apply for Title IV, Part A Student Support and Academic Enrichment Grant Program funding and the application will fulfill all requirements of the statute and regulations related to this funding.

Dean of Institution of Higher Education or Chief Executive Officer of Nonprofit Organization or Designee's Signature:

_____ Date: _____

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

If applying as a partner of a COE or a partner of 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.

COE Name:

Contact Person/Title:

COE Name:

Contact Person/Title:

COE Name:

Contact Person/Title:

COE Name:

Contact Person/Title:

COE Name:

Contact Person/Title: