**Affirmation of Consultation for Transferability**

**Equitable Services**

**2018-2019**

**AFFIRMATION OF CONSULTATION**: I am an administrator of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (School), a non-profit private school within attendance area boundaries of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Division).

**TOPICS DISCUSSED:**

❑ Overview of the ESEA programs and transferability.

❑ Discussed programs impacted by transfer

* Section 5103 (b)(2) of ESSA allows divisions to transfer up to 100 percent of funds awarded from two program areas:

❑ Title II, Part A

❑ Title IV, Part A

❑ Discuss programs receiving funds

* Section 5103 (b)(2) of ESSA allows divisions to transfer funds **to** several program areas:

❑ Title I, Part A

❑ Title I, Part C

❑ Title I, Part D

❑ Title II, Part A

❑ Title III, Part A

❑ Title lV, Part A

❑ Title V, Part B

| **AGREEMENT IN CONSULTATION** |
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| **🞏 YES** This affirmation confirms timely and meaningful consultation did occur for the program design and is equitable with respect to eligible private school children. |
| **🞏 NO** Timely and meaningful consultation has **not** occurred and/or the program design is **not equitable** with respect to eligible private school children. |

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Signature of Authorized Private School Official Date

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Name of Private School Phone #

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Signature of Authorized Division Representative Date

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Email Phone #