**Title I-A Neglected Facility Consultation Form**

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| SCHOOL DISTRICT NAME | DISTRICT NUMBER |
| DISTRICT PART 1-A NEGLECTED CONTACT | FORM DUE DATE **CFSGA due date** |
| **DIRECTIONS** |
| Attach a copy of the completed form to your Consolidated Federal & State Grant Application (CFSGA)QUESTIONS: Contact Federal Programs - Title I-D Coordinator (208) 332-6904 or email esommer@sde.idaho.gov .  |
| **NAME AND LOCATION OF NEGLECTED INSTITUTION** |
| NAME OF NEGLECTED INSTITUTION | NAME OF PRINCIPAL OF NEGLECTED INSTITUTION |
| ADDRESS OF NEGLECTED INSTITUTION |
| COUNTY | TELEPHONE NUMBER |
| **CONSULTATION WITH NEGLECTED INSTITUTION** |
| 1. NAMES OF PERSONS REPRESENTING THE SCHOOLS IN SUCH CONSULTATIONS |
| REPRESENTING THE PUBLIC SCHOOL | REPRESENTING THE NEGLECTED INSTITUTION |
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| 2. GIVE DATES OF MEETINGS AND CONSULTATIONS HELD FOR PURPOSES OF COLLECTING BASIC DATA AND PLANNING THE EDUCATIONAL PROGRAM DESCRIBED IN THIS DOCUMENT. |
| **PARTICIPATION OF NEGLECTED INSTITUTION AND ASSURANCES** |
| 1. THIS NEGLECTED INSTITUTION DOES WISH TO PARTICIPATE IN TITLE I ACTIVITIES.
2. THIS NEGLECTED INSTITUTION DOES NOT WISH TO PARTICIPATE IN TITLE I ACTIVITIES.

THE UNDERSIGNED HEREBY ASSURES THE CHIEF STATE SCHOOL OFFICER AND THE LOCAL PUBLIC SCHOOL THAT ALL THE REQUIREMENTS SET FORTH BY THE FEDERAL STATUTE AND ACCOMPANYING REGULATIONS AND RULES FOR NEGLECTED PARTICIPATION IN TITLE I ESEA WILL BE SATISFACTORILY MET. |
| SIGNATURE OF PRINCIPAL OR OTHER REPRESENTATIVE OF THE NEGLECTED INSTITUTION | DATE |
| SIGNATURE OF AUTHORIZED REPRESENTATIVE FROM THE PUBLIC SCHOOL | DATE |
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