



**State of Maine
Department of Education
INTENT TO APPLY FORM
Title III Consortium**

<i>Select the type of consortium the (fiscal agent) SAU intends to submit:</i>		
<input type="checkbox"/> New Consortium <input type="checkbox"/> Expanded Consortium <input type="checkbox"/> Renewed Consortium		
Fiscal Agent SAU Name:		
Fiscal Agent SAU Superintendent Name:		
Fiscal Agent SAU School Board President Name:		
Fiscal Agent SAU School Board President Email:		
<i>Provide contact information for the individual who will serve as lead contact for the consortium:</i>		
Lead Contact Name:		
Lead Contact Title:		
Lead Contact Phone:		
Lead Contact Email:		
<i>List Consortium Member SAUs the Fiscal Agent SAU intends to serve under this consortium:</i>		
1.	Consortium Member District Name:	
	Lead Contact Name:	
	Lead Contact Email:	
2.	Consortium Member District Name:	
	Lead Contact Name:	
	Lead Contact Email:	
3.	Consortium Member District Name:	
	Lead Contact Name:	
	Lead Contact Email:	
4.	Consortium Member District Name:	
	Lead Contact Name:	
	Lead Contact Email:	

5.	Consortium Member District Name:	
	Lead Contact Name:	
	Lead Contact Email:	

****If additional consortium members are needed, please add their district name, contact name, and contact email on a separate sheet and attach it to this Intent to Apply form.***

FOR STATE USE ONLY	
Date Received by Title III Coordinator:	
Eligibility Review Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied