



# AMENDED



Coronavirus Aid, Relief, and Economic Security (CARES) Act

Section 18005 - Services to Non-Public Schools

Elementary and Secondary School Relief (ESSER) &

Governor's Emergency Education Relief (GEER) Funds

**INTENT TO PARTICIPATE** AMENDED: October 1, 2020

## NOTICE:

If you have confirmation from a prior ESSER and/or GEER Intent to Participate this form is **not required**. Low-Income data **must** be documented and attached to the Intent to Participate on file at the LEA.

### Public School Information

School System Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

City/Town & Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

### Private School Information

Private School Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

City/Town & Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Private schools are eligible to receive services through the LEA under the CARES Act ESSER & GEER funds. Private schools do not receive direct funding. Please read carefully and contact the school system with any questions.

Complete the information below and return to the LEA Contact (even if you choose not to participate) by: \_\_\_\_\_

#### ESSER Funds

I do not wish to participate in the CARES Act - ESSER services.

I do wish to participate in the CARES Act - ESSER services.

#### GEER Funds

I do not wish to participate in the CARES Act - GEER services.

I do wish to participate in the CARES Act - GEER services.

### Private School Enrollment Information (only if participating)

# of low-income students from served Title I attendance areas: \_\_\_\_\_

#### Methods for Determining Poverty (choose only 1 option)

Student Enrollment Data must be prior to March 14, 2020

Free and Reduced Lunch Applications

% Proportion

Scholarship Information

Poverty Survey

Student Enrollment Data Date (mm/dd/yyyy): \_\_\_\_\_

If you have any questions about completing this portion of the form, please reach out to the Public School Contact above.

Private School Representative Signature (Adobe Digital Signatures are allowed)

Date (mm/dd/yyyy)