# Stronger Connections Grant

# *An Opportunity Funded by Title IV, Part A*

# Equitable Services for Non-Public School Students

Following is the equitable services documentation that the LEA must complete demonstrating engagement in consultation with each non-public school in the LEA prior to applying for the Stronger Connections Grant.

The LEA must provide a copy to NHED by:

* Uploading the document to the Stronger Connections Google application.

The LEA’s grant application will not be reviewed for consideration until this Equitable Services Affirmation is provided, reviewed, and approved as fully executed. **If the LEA does not have any eligible non-public schools within or outside of the LEA’s boundaries, this document must still be executed.** The LEA must maintain a copy of this form in its records.

Non-public school equitable share amounts can be calculated utilizing the Title VIII Equitable Services Calculator (Excel document). Please indicate below all non-public schools within the LEA’s boundaries ensuring to fully execute all information for each non-public school. Non-public schools electing to participate in equitable services should be reflected in the grant budget template.

**Local Education Agency (LEA) Information**

District Name:

District Official Name and Title:

District Official Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Application Budget Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-Public School Information (if applicable)**

#1 School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equitable Share Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the non-public elect to utilize their equitable share? [ ]  Yes [ ]  No [ ]  Other- No Contact Made by Deadline

#2 School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equitable Share Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the non-public elect to utilize their equitable share? [ ]  Yes [ ]  No [ ]  Other- No Contact Made by Deadline

#3 School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equitable Share Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the non-public elect to utilize their equitable share? [ ]  Yes [ ]  No [ ]  Other- No Contact Made by Deadline

#4 School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equitable Share Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the non-public elect to utilize their equitable share? [ ]  Yes [ ]  No [ ]  Other- No Contact Made by Deadline

#5 School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equitable Share Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the non-public elect to utilize their equitable share? [ ]  Yes [ ]  No [ ]  Other- No Contact Made by Deadline

#6 School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equitable Share Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the non-public elect to utilize their equitable share? [ ]  Yes [ ]  No [ ]  Other- No Contact Made by Deadline

#7 School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equitable Share Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the non-public elect to utilize their equitable share? [ ]  Yes [ ]  No [ ]  Other- No Contact Made by Deadline

#8 School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equitable Share Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the non-public elect to utilize their equitable share? [ ]  Yes [ ]  No [ ]  Other- No Contact Made by Deadline

**Certification**

**Option 1** *(no eligible non-public schools)*

I hereby certify that there are no eligible non-public schools within the LEA boundaries and therefore the school is not subject to provide equitable services.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| LEA Contact Name |  | LEA Contact Signature |  | Date |

**Option 2** *(eligible non-public schools)*

I hereby certify that the information provided in this affirmation is true and correct to the best of my knowledge. The following Title VIII assurances have been met (must check all):

**Title VIII** (ESEA, as amended, Section 8501(b) applies to Title IV, Part A):

How the amount of funds available for equitable services is determined.

The expectation of the non-public school to have committed representation on the Program’s Stakeholder Team in order to discuss and determine the needs of all students and teachers in the LEA’s catchment area.

Whether the agency, consortium, or entity responsible for providing equitable services will provide those services directly or through a separate government agency, consortium, or entity, or through a third-party contractor.

Whether to provide equitable services to eligible non-public school participants by: (1) by creating a pool or pools of funds with all of the funds allocated under programs covered under section 8501(b); or (2) a school-by-school basis based on each the proportionate share of funds available to provide services in each school.

Documentation: Each LEA shall maintain in the LEA’s records, and provide to the SEA involved, a written affirmation signed by officials of each participating non-public school that the meaningful consultation required by this section has occurred. The written affirmation shall provide the option for

non-public school officials to indicate such officials’ belief that timely and meaningful consultation has not occurred or that the program design is not equitable with respect to eligible non-public school children. If such officials do not provide such affirmation within a reasonable period of time, the LEA shall forward to the NHED the documentation that such consultation has, or attempts at such consultation have, taken place. (SEC 8501(c)).

**By signing below, you affirm that consultation has taken place and that the above information is true and correct and that the Title VIII assurances above have been met.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| LEA Contact Name |  | LEA Contact Signature |  | Date |
|  |  |  |  |  |
| School #1 Contact Name |  | School #1 Contact Signature |  | Date |
|  |  |  |  |  |
| School #2 Contact Name |  | School #2 Contact Signature |  | Date |
|  |  |  |  |  |
| School #3 Contact Name |  | School #3 Contact Signature |  | Date |
|  |  |  |  |  |
| School #4 Contact Name |  | School #4 Contact Signature |  | Date |
|  |  |  |  |  |
| School #5 Contact Name |  | School #5 Contact Signature |  | Date |
|  |  |  |  |  |
| School #6 Contact Name |  | School #6 Contact Signature |  | Date |
|  |  |  |  |  |
| School #7 Contact Name |  | School #7 Contact Signature |  | Date |
|  |  |  |  |  |
| School #8 Contact Name |  | School #8 Contact Signature |  | Date |