# Form A: Applicant Info Sheet2025–30 California Community Schools Partnership Program:Implementation Grant, Cohort 4

Please complete the following:

**Local Educational Agency (LEA) Name:** **LEA Name**

**LEA’s County-District-School Code:** **LEA County-District-School Code**

**Primary Contact:**

 **Name:** Primary Contact Name

 **Title:** Primary Contact Title

 **Phone:**Primary Contact Phone Number

 **Email:** Primary Contact Email

**Secondary Contact:**

 **Name:** Secondary Contact Name

 **Title:** Secondary Contact Title

 **Phone:** Secondary Contact Phone Number

 **Email:** Secondary Contact Email

**Fiscal Contact:**

 **Name:** Fiscal Contact Name

 **Title:** Fiscal Contact Title

 **Phone:** Fiscal Contact Phone Number

 **Email:** Fiscal Contact Email

If applicable, as described in California *Education Code* (*EC*) Section 8901(i)(2), if the LEA applicant is not a qualifying entity itself but is applying on behalf of schools that are qualifying entities, list the school(s) on whose behalf the LEA is applying and the factors that warrant the school's consideration, including but not limited to, fulfilling an exceptional need or providing service to a particular target population:

List schools and factors that warrant the schools consideration

If applicable, if the LEA is applying as part of a consortium, as described in *EC* 8901(c), list the additional LEA(s) and/or cooperating agency(agencies) that form the consortium:

List the additional LEAs and/or cooperating agencies that form the consortium

If applicable, list the cooperating agency (including county behavioral health agency, federal Head Start or Early Head Start program or other government-funded early childhood program or agency or childcare program or agency within a public institution of higher education), as described in *EC* 8901(d), with which the LEA will partner:
List the cooperating agency with which the LEA will partner

I support this application for a California Community Schools Partnership Program (CCSPP) implementation grant. As a condition of funding, I assure that the LEA applying for the CCSPP implementation grant will adhere to the intent and letter of the California Community Schools Partnership Act as part of California *EC* sections 8900–8902; the California Community Schools Framework; the assurances, certifications, terms and conditions included in the Request for Applications; and the grant requirements and specifications identified in the Request for Applications. By signing/typing my name electronically, I am agreeing that my electronic signature is the legal equivalent of my manual signature on this Form and demonstrates my agreement to comply with all CCSPP application items (the 2024–25 CCSPP Application Questionnaire, Project Abstract, LEA and Site Participation Sheet, Implementation Plan[s], Artifacts, and Budget Worksheet).

Add pages and/or signature lines as needed to ensure each LEA and school site identified in Attachment I: CCSPP LEA and Site Participation Sheet has signed this form. Sign and date below.

**LEA Name:** **LEA Name**

E-Signature of LEA Superintendent or Designee

E-Signature of LEA Superintendent or Designee Date

**School Site 1 Name:** School Site Name 1

E-Signature of Site 1 Principal

E-Signature of Site Principal Date

**School Site 2 Name:** School Site Name 2

E-Signature of Site 2 Principal

E-Signature of Site Principal Date

**School Site 3 Name:** School Site Name 3

E-Signature of Site 3 Principal

E-Signature of Site Principal Date

**School Site 4 Name:** School Site Name 4

E-Signature of Site 4 Principal

E-Signature of Site Principal Date

Posted by California Department of Education – October 2024