**Consortium Member Information Form**

*Complete this page for each member and provide a copy of a Memorandum of Agreement (MOA), Memorandum of Understanding (MOU) or other agreement that includes the signature of the representative of this agency. Please complete one form for each major partner.*

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| **Lead Applicant Agency:** |
| **Consortium Member Program Name:** |
| **Contact Person:** |
| **Title:** |
| **Address:** |
| **Address of Program Site(s), if different:**  |
| **Telephone:** | **Fax:** |
| **E-Mail:** | **Website:** |
|  |
| **Check the applicable type of Partner/Member Agency:** |
|  | **Type of Organization** |
|[ ]  (A) Local Educational Agency |
|[ ]  (B) Community-Based Organization or Faith-Based Organization |
|[ ]  (C) Volunteer Literacy Organization |
|[ ]  (D) Institution of Higher Education |
|[ ]  (E) Public or Private Nonprofit Agency |
|[ ]  (F) Library |
|[ ]  (G) Public Housing Authority |
|[ ]  (H) Nonprofit institution that is not described above that has the ability to provide adult basic education and literacy activities to eligible individuals |
|[ ]  (I) A consortium or coalition of the agencies, organizations, libraries or authorities described in any of the subparagraphs (A) through (H) |
|[ ]  (J) A partnership between an employer and an entity described in any of subparagraphs (A) through (I) |
|[ ]  Consortium or coalition composed of two of more organizations described above  |
|[ ]  Other |
|  |
| I hereby certify the information contained in this application is, to the best of my knowledge, correct and the entity(ies) named above has/have authorized me as their representative. I further certify thatany ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions and any requested budget amounts are necessary for the implementation of this project. |
|  |
| **Typed Name of Executive Director of the Applicant’s Organization:** |
| **Signature of Executive Director of Applicant’s Organization:** | **Date:** |

**Submit the form as part of your application.**