# Form 4 - Consortium Member Information

*Complete this page for each member.* *Each member of the consortium receiving Title II funding needs to complete Form 5 – Documentation of Demonstrated Effectiveness.*

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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** | | |
|  | 1. A local educational agency | | |
|  | 1. A community-based organization or faith-based organization | | |
|  | 1. A volunteer literacy organization | | |
|  | 1. An institution of higher education | | |
|  | 1. A public or private nonprofit agency | | |
|  | 1. A library | | |
|  | 1. A public housing authority | | |
|  | 1. A nonprofit institution that is not described in any organizations (A) through (G) of this section and has the ability to provide adult education and literacy activities to eligible individuals | | |
|  | 1. A consortium or coalition of the agencies, organizations, institutions, libraries, or authorities described in any organizations (A) through (H) of this section | | |
|  | 1. A partnership between an employer and an entity described in any organizations (A) through (I) of this section | | |
|  | 1. 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 that  any 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.**