**Sample Title IIIA Consortium Memorandum of Understanding[[1]](#footnote-2)**

**[Insert Fiscal Year]**

**[Insert the Name of the Fiscal Lead of the Title IIIA Consortium]**

This Memorandum of Understanding represents the agreed-upon program, services, and products to be provided to English learner (EL) students in the following member districts [insert LEA names], during the [insert school year] school year. [Insert LEA or Collaborative name] will act as the Title IIIA consortium fiscal lead.

The fiscal lead will be responsible for acting as the fiscal agent for the consortium and will file the required expenditure reports, maintain fiscal records, and is the only agency entitled to **up to two percent** of the total consortium allocation for direct administrative costs. The consortium will be responsible to provide the agreed upon Title IIIA services and expend all Title III funds during the [insert fiscal year] grant period.

According to the FY24 March Student Information Management System (SIMS) data, the consortium collectively enrolled [insert EL Count] EL students, which results in a subgrant amount of [insert $ amount]. In its role as the fiscal lead, the [insert LEA or Collaborative name] will support a total amount of programs, services, and products as indicated in the table below.

| **Program/Service/Product** | **Approximate Cost­­** | **Delivery Date** | **Provided By** |
| --- | --- | --- | --- |
| [Activity #1] | $[insert cost] | [insert date] | [insert person or entity] |
| [Activity #2] | $[insert cost] | [insert date] | [insert person or entity] |
| [Activity #3] | $[insert cost] | [insert date] | [insert person or entity] |

Changes regarding the provision, the scope and/or nature of these services must be made by agreement of all the member districts in the consortium, and the MOU must be updated to reflect those changes. The updated and signed MOU must then be re-submitted in GEM$ as a revision to the Title III grant. All funds must be expended before the grant period ends.

In addition to the above services and products, the fiscal lead agrees to coordinate regular meetings for the purpose of assessing the needs of the consortium. The fiscal lead will be responsible for completing and submitting all Title IIIA related paperwork, including the grant application, grant assurances, the [Affirmation of Consultation](https://www.doe.mass.edu/federalgrants/resources/equitableservices-essa/affirm-consultation.docx) with private schools, and other required documents to DESE.

The member districts must engage private schools within their district’s geographical boundaries in consultation and complete the Title IIIA non-public schools [Affirmation of Consultation form](https://www.doe.mass.edu/federalgrants/resources/equitableservices-essa/affirm-consultation.docx). The fiscal lead agency is responsible for submitting via GEM$ the completed Affirmation of Consultation with the Title IIIA application.

**The fiscal lead agency is responsible for uploading the signed and dated MOU as part of the Title IIIA application.**

The signature of each LEA representative indicates that the consortium has met and conferred and that member districts and the consortium fiscal lead agency agree to all stated.

**Signatures of Authorized Representatives:**

**Consortium Fiscal Lead:** [Name of LEA or Collaborative and LEA Code]

Representative: [Name of Superintendent or Designee] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: [Signature of Superintendent or Designee] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: [Date Superintendent or Designee signed] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consortium Member LEA:** [Name of LEA and LEA Code]

Representative: [Name of Superintendent or Designee] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: [Signature of Superintendent or Designee] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: [Date Superintendent or Designee signed] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consortium Member LEA:** [Name of LEA and LEA Code]

Representative: [Name of Superintendent or Designee] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: [Signature of Superintendent or Designee] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: [Date Superintendent or Designee signed] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consortium Member LEA:** [Name of LEA and LEA Code]

Representative: [Name of Superintendent or Designee] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: [Signature of Superintendent or Designee] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: [Date Superintendent or Designee signed] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consortium Member LEA:** [Name of LEA and LEA Code]

Representative: [Name of Superintendent or Designee] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: [Signature of Superintendent or Designee] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: [Date Superintendent or Designee signed] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consortium Member LEA:** [Name of LEA and LEA Code]

Representative: [Name of Superintendent or Designee] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: [Signature of Superintendent or Designee] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: [Date Superintendent or Designee signed] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consortium** **Member LEA:** [Name of LEA and LEA Code]

Representative: [Name of Superintendent or Designee] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: [Signature of Superintendent or Designee] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: [Date Superintendent or Designee signed] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Add Consortium Members as Needed]

1. Title IIIA Consortium Fiscal Leads must customize and complete the template to reflect program activities and responsibilities of the participating LEAs. The format and content for this template has been borrowed from the California Department of Education: <https://www.cde.ca.gov/sp/el/t3/documents/samplemou.docx> [↑](#footnote-ref-2)