**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 for providing 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].

As a fiscal lead, the [insert LEA or Collaborative name] will complete a Title IIIA Consortium Needs Assessment and include a summary of the identified Title IIIA needs in Table 1. The fiscal lead will consult with all participating member districts to determine the most critical needs for their EL students, families, and district educators. No reimbursements for member districts are allowed.

**Table 1: Title IIIA Needs Assessment Summary**

| **LEA Name** | **Area of Need**  | **What Data Informed this Need?** |
| --- | --- | --- |
| [Member District #1] | [1. Supplemental Language Instruction] | [Assessment(s), Survey, Other Data Point] |
| [2. Professional Development] | [Assessment(s), Survey, Other Data Point] |
| [3. Family Engagement] | [Assessment(s), Survey, Other Data Point] |
| [Member District #2] | [1. Supplemental Language Instruction] | [Assessment(s), Survey, Other Data Point] |
| [2. Professional Development] | [Assessment(s), Survey, Other Data Point] |
| [3. Family Engagement] | [Assessment(s), Survey, Other Data Point] |
| [Member District #3] | [1. Supplemental Language Instruction] | [Assessment(s), Survey, Other Data Point] |
| [2. Professional Development] | [Assessment(s), Survey, Other Data Point] |
| [3. Family Engagement] | [Assessment(s), Survey, Other Data Point] |

As a fiscal lead, the [insert LEA or Collaborative name] will support a range of Title IIIA program activities to address the identified needs, as indicated in Table 1 above. By signing the MOU, the consortium members commit to participating in the grant activities proposed in the Title IIIA GEM$ application, which are the same activities outlined below in Table 2, however consortium members are not required to participate in all proposed grant activities.

**Table 2: Title IIIA Program Activities (add additional activity lines as needed)**

| **Title IIIA Program Activity** | **Approximate Cost­­** | **Delivered By** | **Provided By** |
| --- | --- | --- | --- |
| [Activity #1] | $[insert cost] | [insert date] | [insert person or entity] |
| [Activity #2] | $[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, this MOU, describing the needs (and the data informing these needs) and the Title III program activities, 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 member districts are responsible for submitting via GEM$ the completed Affirmation of Consultation on the *Consortium Members Non-profit Private School Participation* page.

For additional guidance on forming and joining Title IIIA consortia, please review the [Title IIIA consortia QRG](https://www.doe.mass.edu/federalgrants/titleiii-a/resources/consortia-qrg.docx).

**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] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[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)