Department of Education & Workforce

Consortium Participation Form

Title III Language Instruction for English Learners

On the form below, enter the acting fiscal agent for the consortium, as well as each district/community school that will participate in this service provided by the consortium.

Form Directions

The form is fully functional when opened with Adobe applications and/or Internet Explorer. Based on the browser you are using, please consider the directions below:

1. Chrome, Firefox, Edge and other browsers (the form may not be fully functional):
    a. Save the Consortium Participation Form and Signature Page on your device.
    b. Open and fill out the forms with Adobe Acrobat (Reader or Professional).
2. Internet Explorer:
    a. Fill out in the IE browser, save on your computer and submit via email; or
    b. Complete the same steps above for Chrome browsers.
3. Email completed forms and/or questions to michael.crace@education.ohio.gov by June 1st deadline.

Consortium Information	
Today's Date:	**Fiscal Year:** FY26 (2026-2027 School Year)
Fiscal Agent Name:	**Fiscal Agent IRN:**
Program Contact Name:	**Program Contact Phone:**
Program Contact Email:	

Treasurer's Agreement	
Treasurer Name:	**Treasurer Phone:**
Treasurer Email:	
By typing my name above, I certify that I am authorized to submit this information as treasurer/fiscal representative for the previously listed fiscal agent. All information is accurate to the best of my knowledge.	

List the IRN, name and county for each district or community school participating in the Title III consortium.

IRN	District/Community School Name	County
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