

**Nebraska Department of Education’s Office of Special Education
District Targeted Improvement Plan Support (DTIPS) Grants, 2016-17
District/ESU Consortium Members Signature Page**

Directions: This form should be completed by each District/ESU agreeing to participate in a DTIPS Grant Consortium.

Applicant Lead Agency: _____

SIGNATURE STATEMENT: By signing this document, our district/agency becomes an applicant in the proposed project and hereby releases our IDEA TIP allocation (based on student enrollment) to the Lead Agency. It is our understanding that the Lead Agency will assist our district with meeting the requirements of the specified Targeted Improvement Plan (TIP) designed to improve educational outcomes for students with disabilities in the district. As a co-applicant of the proposed project, our district/agency will comply with the requirements of the application.

District/Agency	Print Name of Authorized Representative	Title
Signature of Authorized Representative	Date Signed	(1)

District/Agency	Print Name of Authorized Representative	Title
Signature of Authorized Representative	Date Signed	(2)

District/Agency	Print Name of Authorized Representative	Title
Signature of Authorized Representative	Date Signed	(3)

District/Agency	Print Name of Authorized Representative	Title
Signature of Authorized Representative	Date Signed	(4)

District/Agency	Print Name of Authorized Representative	Title
Signature of Authorized Representative	Date Signed	(5)