**Collaborations within the LEA**

**Directions:**

* **Individual LEAs:** Please complete the table below and add as many lines as necessary. Once completed, upload the document into the Related Documents of the EHCY grant application.
* **Consortia:** For LEAs / Charters that are serving as fiscal agents for their consortium, please complete one chart for each participating LEA member. Make as many charts as necessary within the same document. Once completed, upload as a single document into the Related Documents of the EHCY grant application.

|  |  |  |  |
| --- | --- | --- | --- |
| **LEA/Charter Name:**  **CTDS Number:** | | | |
| **Collaborating Program** | **Activities in Place** | **Activities Planned** | **Services or Resources Provided by Collaborators** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |