

# **Consortium Fiscal Administration Declaration**

**Reporting Template** 

#### **1.** Consortium Information

#	Item	Туре	Description
1	Organizational Information	Form-Entry (partially pre-filled)	Confirm and update Consortium Organizational Information 1. Consortium (Long) Name 2. Consortium (Short) Name 3. Mailing Address 4. Website 5. Logo
2	Reporting Period	Form-Entry (pre-filled)	Confirm the program year covered in the report
3	2015 - 16 Grant Number	Form-Entry (pre-filled)	Your consortium's 2015 - 16 grant number
4	Consortium Administration	Form-Entry (pre-filled)	Confirm / update 2016 - 17 consortium administrators 1. Primary Contact(s) 2. Fiscal Contact(s)
5	Org Chart	File Upload	Provide a current Organizational Chart (.jpg)

#### 2. Membership

#	Item	Туре	Description
1	Consortium Membership	Table / Form Update (pre-filled)	Review / update membership table to reflect 2016 - 17 grant year. Member reference information may also optionally be updated. Fields include:

			<ul> <li>CCD / K-12 District Code (six-digit)</li> <li>Member Type (i.e., CCD, JPA, K-12, COE)</li> <li>Member Status: (active, inactive)*</li> <li>*Required. Consortia must indicate for each member whether they intend to participate in 2016</li> <li>17 activities (active), or if they are planning to opt out (inactive)</li> </ul>
2	Member Contacts	Table / Form Update (pre-filled)	Review / update contacts affiliated with member entities for the 16 - 17 grant year. Contact reference information may be optionally updated. Contact fields: Contact Name Title Member Organization Type (i.e., Member Representative, alternate, fiscal, administrative) Phone Email Date Approved

## 3. Fiscal Management

#	Item	Туре	Description
1	Funding Channel	Multiple-Cho ice	Select the option that best describes how funding should be disseminated to the consortium from the state. Options are:
			<ul><li>The consortium has designated a fiscal agent</li><li>The consortium has chosen direct funding</li></ul>
2	Rationale	Paragraph	Provide details regarding the rationale for your fiscal structure decision. How did you arrive at the decision? What were the overwhelming benefits to using this structure?
3	Approach	Paragraph	Whether using a single fiscal agent or not, describe how you are fiscally managing your block grant. How are you rolling up grant expenditures to certify and report to the State? How will you be able to break out budgets and expenditures by member, by object code, by program, and by objective?
4	Certifying Official / Coordinator	Text	The name of the consortium's certifying official or coordinator.

5	Certifying Official's / Coordinator's Email	Email	Provide the email address for the consortium's certifying official or coordinator.
6	Allocation Schedule	Table / Form	Enter total allocations by member for the 2015 - 16 grant year, as well as projected allocations for 2016 - 17.
7	Funding Changes	Paragraph	Please describe any significant changes in fund allocations to members for the 16 - 17 reporting year.
8	Consensus and Approval Process	Paragraph	Describe how you arrived at consensus and approval of this allocation schedule.

### **4. Other Rules and Procedures**

#	Item	Туре	Description
1	Additional Information	Paragraph	Additional information regarding operations or other topics the consortia would like to provide to support or contextualize responses to previous sections.
2	Supplementary Documentation	Files	Additional / Supplementary documentation the consortium would like to provide to support or contextualize responses to previous sections.

## 5. Signature Blocks

Must be signed by **all** member entities in order to submit.