



## SHS Grant Program - Letter of Interest

The Consortium is gathering information from school districts and BOCES regarding their interest in the SHS Coordinator Grant Project. Completion of the Letter of Interest does not function as a formal application; however, it allows The Consortium to assess the level of interest statewide and helps to secure funding for future grant awards. Please complete the required fields marked with a (\*).

\*Name: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

\*Employer: \_\_\_\_\_ \*Job Title: \_\_\_\_\_ \*Phone #: \_\_\_\_\_

\*Potential collaborating school districts (please list all):

\_\_\_\_\_

\*Potential school district leading the grant application: \_\_\_\_\_

Additional information or details about the potential collaboration among school districts:

\_\_\_\_\_

\*Please indicate the school year you are interested in applying for the SHS Grant Program:

- 2016-2017
- 2017-2018
- Other: \_\_\_\_\_

\*Please rate your level of interest in the SHS Grant Program:

- Somewhat interested
- Interested
- Very Interested

\*Grant funding will potentially allow (select all that apply):

- New SHS Program participation (district or BOCES new to program participation)
- The ability for continued SHS Program participation
- Additional school districts to join in SHS Program participation
- Increased collaboration among neighboring school districts
- Hire a qualified and dedicated SHS Program coordinator
- Increase reimbursement for health services
- Create collaboration and efficiencies
- Reduce administrative costs
- Other: \_\_\_\_\_

Additional information or details about your level of interest in applying for the SHS Grant Program:

\_\_\_\_\_

Please return this form by email to Karolyn Tregembo at [ktregembo@coconsortium.org](mailto:ktregembo@coconsortium.org)