

VI. FORMS

Form A: Application Cover Sheet

California Scale-Up MTSS Statewide (SUMS) Initiative

Initiative Title (optional): _____

Initiative Director/Title:	
Local Education Agency (LEA):	
Address (including city, state and zip code):	
Telephone/Extension:	
Email and Fax:	
County District School (CDS) Code:	
Lead LEA Superintendent or designee/Title:	
Address (including city, state and zip code):	
Telephone/Extension:	
Email:	
LEA Fiscal Agent/Title:	
Address (including city, state and zip code):	
Telephone/Extension:	
Email and Fax:	
Evaluator/Report Writer/Title:	
Address (including city, state and zip code):	
Telephone/Extension:	
Email and Fax:	
LEA (2) Superintendent or designee/Title: (If applicable)	

LEA (2) Name:	
Address (including city, state and zip code):	
Telephone/Extension:	
Email:	
LEA (3) Superintendent or designee/Title: (If applicable)	
LEA (3) Name:	
Address (including city, state and zip code):	
Telephone/Extension:	
Email:	

Signatures by Authorizing Agents: By signing this document, I certify that my organization will participate in the initiative and related follow-up activities. In addition, I confirm that resources developed as specified in the attached budget will become property of this initiative.

Lead LEA Superintendent or designee (printed name)	Date
Lead LEA Superintendent or designee (signature)	Date
LEA (2) Superintendent or designee (printed name) (if applicable)	Date
LEA (2) Superintendent or designee (signature) (if applicable)	Date
LEA (3) Superintendent or designee (printed name) (if applicable)	Date
LEA (3) Superintendent or designee (signature) (if applicable)	Date