



Consortium Change Form

Consortium change form is due to Denise Lauber denise.lauber@ksde.gov by December 1st annually.

Change of Fiscal Agent

Current fiscal agent:

New fiscal agent:

Change of Membership

District name and USD number:

District contact name:

District contact phone number:

District contact email address:

Select one of the following changes:

- ☐ District is joining _____ consortium.
- ☐ District is changing from _____ consortium to _____ consortium.
- ☐ District is leaving _____ consortium and will be a standalone for Perkins Grants.
- ☐ District is leaving _____ consortium and will no longer participate in/be eligible for Perkins Grants.

District Superintendent – Printed Name

District Superintendent – Signature

Date

Consortium Director – Printed Name

Consortium Director – Signature

Date

For more information, contact:

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Perkins Coordinator
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