## **Release from Equitable Services Obligation**

The Elementary and Secondary Education Act of 2015 (ESEA) requires an LEA to obligate the funds allocated for equitable services under all applicable programs in the year for which they are appropriated. Under 34 CFR §76.707, certain funding purposes govern when an obligation of federal funds by an LEA must occur. The purpose of this form is to document the efforts a school division took under meaningful consultation and efforts to fulfill equitable services obligations. In the event obligations are unable to be fully expended, a school division must submit to the Department a request for release from equitable services obligations before being allowed to transfer the remaining value of services back into the program.

Indicate the program im	pacted by the release:		
☐ Title I, Part A	☐ Title II, Part A		Title III, Part A
☐ Title IV, Part A	☐ Title V, Part B		
#1 School Division Inform	mation		
<b>School Division</b>		Contact Person	
Contact Email		<b>Contact Telephone</b>	
#2 Private School Inform	ation		
<b>Private School Name</b>		<b>Contact Person</b>	
<b>Street Address</b>		<b>Contact Telephone</b>	
City/Town, Zip Code		<b>Contact Email</b>	
#3 Provide information a	bout the obligations of Funds:		
Federal award year			
Date the Division notified	d Private School of Obligation		
Original amount for priv	rate school		
Remaining amount for e	quitable service		
#4 Indicate the reason(s)	equitable services could not be	e fulfilled.	
	itted written statement that re at from private school. (It is no	· ·	1
	d. Indicate date of closure: ete Sections 5 and 6 of this form.)		
☐ Unable to get agreen	nent of services signed		
☐ Private school can no	o longer participate		
☐ No response from pro	ivate school		
☐ Other. Please describ	be:		

#5 Indicate how private schools in the division were notified of the availability of equitable services and obligations funded by program.			
Type of Communication	Dates of communication		
☐ Regular Mail			
☐ Certified Mail			
□ Email			
☐ Meetings			
☐ Visits to the Private School			
☐ Telephone Calls (Phone Logs)			
☐ Other (Please specify)			
Certification by School Division Official of Meanin	agful Consultation  I consultation did occur for the program design and was equitable		
ignature of Authorized Division Representative	 Date		
Email	Phone #		
Note: This form must be submitted and approved by	y the Department before amending application.		