

PRIVATE NONPROFIT SCHOOLS 2020–2021 INTENT TO PARTICIPATE – CARES Act Equitable Services

School: _____

Telephone: _____

Address: _____

Principal: _____

City, State, Zip: _____

Email: _____

*Will your school participate?	Program Description	District Contact Person
☐ Yes ☐ No	Cares Act Equitable Services – Provides support to assist schools who have costs associated to the pandemic of the public health emergency with COVID-19. All costs may not be allowable uses of the funds for services; only specific costs defined by the federal and state guidance. If you have checked “Yes,” please complete the following: Grant Contact Person: Name: _____ Phone: _____ Email: _____ (Optional) Identify any other Grant Contact Person: If you have checked “Yes,” please complete the following: Grant Contact Person: Name: _____ Phone: _____ Email: _____	Carla Lewis 713-556-6941 cholmes2@houstonisd.org
☐ CERTIFY	PLEASE CERTIFY the three statements below by checking the box in the column to the left. ▪ I am the Principal or Grant Contact at the school and authorized to complete this form. ▪ The school is a private nonprofit school, not a private for-profit school. Proof of nonprofit status will be provided. ▪ The school is within Houston ISD attendance boundaries. (HISD will verify this information.) Name and information of person completing the form (Principal or Grant Contact only) is below. By typing your name below, you are providing an acceptable electronic signature. Name: _____ Phone: _____ Email: _____	

**Submission of this form informs the district of your intent to participate in the CARES Act checked. To fulfill the requirements for participation, you must complete additional information that will be sent to you by the District Contact Person.*

Return the completed form **no later than Thursday, June 11, 2020**, via **email** to **Carla Lewis** at cholmes2@houstonisd.org.

HISD External Funding Department | 4400 West 18th Street | Houston, Texas 77092

If you have questions or need additional information regarding the CARES Act, call or email the **District Contact Person**.