

**TEMPLATE**

**AB86, Section 76, Article 3  
Consortium Planning Grant  
Intent to Participate Member Signature Form**



**California Community Colleges  
Chancellor's Office**



**State Department of  
Education**

<b>District Name:</b>			
<b>District Address:</b>			
<b>Adult Education Planning Contact Information:</b>	<b>Name:</b>		<b>Telephone:</b>
	<b>Title:</b>		<b>E-mail:</b>
<b>Signature of Chief Executive Officer/ Superintendent/Designee:</b>			
	<b>Signature</b>		<b>Printed Name</b>
	<b>Title:</b>		<b>Date:</b>