



Non-Public/Private Schools Service Providers Request Form

School Name: _____ **Date:** _____

Service Provider _____

Title/Affiliation/Organization _____

Address (street/city/state/zip) _____

Email Address _____

Telephone Number _____

Valid Certification of Service Provider (please attach) YES NO

Targeted Audience _____ **# of Identified Students** _____

Describe how students were identified/referred for services

Describe planned activities involving service providers

Describe specific services to be provided by service providers which cannot be provided internally

Which section of your school's Equitable Services Agreement will this Service Provider address?

Date(s) of Service _____ **Total Cost \$** _____

Please select funding source: Title I Title II Title III Title IV

Recommended by
Non-Public/Private School Principal _____ **Date** _____

APPROVED BY
Federal Programs Director Signature _____ **Date** _____