



PERKINS CONSORTIUM MEMBERSHIP CHANGE FORM

Department of Career and Technical Education

The following is applicable for fiscal year _____ (July 1-June 30)

Section 131 Secondary

Opting out of Perkins

Amend Consortium (An updated Consortium Agreement required)

Add Member Delete Member Disband

Name	Name
Name	Name

Section 132 Postsecondary

Opting out of Perkins

Amend Consortium (An updated Consortium Agreement required)

Add Member Delete Member Disband

Name	Name
Name	Name

Official Consortium Name Change – Provide new information below and attach new W-9 form

Consortium Information:

Current Name	New Name
Mailing Address	
Check Applicable Status: <input type="checkbox"/> Sec. 131 - Secondary <input type="checkbox"/> Sec. 132 - Postsecondary	

Fiscal Agent:

Name	Email Address	Phone Number
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Requested By:

Name	Title	Signature	Date
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CTE Approval:

Name Wayde Sick	Title State Director/Executive Officer	Signature	Date
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Email completed form to: cte@nd.gov by February 1