## **R.I. DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION**

Shepard Building 255 Westminster Street Providence, Rhode Island 02903-3400



## **Date**

I,(name), the Suagree to allow RIDE to transfer my FY)  \$ to our partner LEA, _	uperintendent of(LEA),  XX federal Perkins V allocation in the amount of(LEA).
I,(name), the Suaccept the transfer of these funds to suappropriately in the AcceleGrants system	uperintendent of(LEA), upport CTE programming, and will budget them em, administered by RIDE.
Name (printed):	Name (printed):
Signature:	Signature:
Date:	Date:

Once both LEAs have signed, please submit this document to <a href="CTE@ride.ri.gov">CTE@ride.ri.gov</a> with the subject line "FY24 Perkins transfer\_LEAname1\_LEAname2."