

**ILLINOIS COMMUNITY COLLEGE BOARD  
FY 2024 ADULT EDUCATION AND LITERACY  
CONSORTIUM PARTNERS**

For each Consortium indicate the proposed Consortium Partner. **All consortia members must be an eligible provider.** Indicate the name and address, proposed services and estimated number of students/clients to be served. While the lead agency in the Consortium will complete and sign the Agency Information, this forms should be completed for each partner in the consortium. The ICCB reserves the right to approve all Consortium Partners.

**Program Name:**

**Consortium Partner:**

**Agency's Chief Executive Officer:**

**Consortium Partner DUNS or UEI #:**

**Provider Type:**

**Total FY 2024 Estimated # of Students to be served *BY THIS PARTNER*:**

**Total FY 2024 Funding Request to be shared *WITH THIS PARTNER*:**

**Partner Address (Street):**

**Partner Address (City, State, Zip):**

**Partner Telephone:**

**Partner Fax:**

**Lead Contact from Partner:**

**Partner Email (Lead Contact):**

**In the space provided, briefly describe the specific roles and responsibilities of this partner as a part of the proposed Adult Education and Literacy Consortium.**

***By signing below the Chief Executive Officer is indicating the agency's agreement to participate as a part of the proposed Consortium and the partner contact acts on behalf of this organization.***

Signature of Chief Executive Officer of Consortium Partner

Date