

APPENDIX A¹

Letter of Intent to participate in the English Language Learner (ELL) Healthcare Pathways

I hereby certify that

Name of CAEP Consortium:

Intends to participate in the English Language Learner (ELL) Healthcare Pathways program grant, and if selected for an award, agrees to abide by the Grantee commitments as stated in the ELL Healthcare Pathways Letter of Intent.

I understand that by submitting this signed Letter of Intent,

Name of CAEP Member Agency:

commits to providing the personnel and resources required and necessary to support and ensure student success outcomes in the English Language Learner (ELL) Healthcare Pathways Grant.

CAEP Consortium Lead or Authorized Designee

Name:

Title:

Signature:

DATE

CAEP Member Agency Lead or Authorized Designee

Name:

Title:

Signature:

DATE

CAEP Member Agency Lead or Authorized Designee

Name:

Title:

Signature:

DATE

CAEP Member Agency Lead or Authorized Designee

Name:

Title:

Signature:

DATE

¹ Consortia applying to participate in the ELL Healthcare Pathways program grants should complete a digital copy of this letter with each of the CAEP Member Institutions that their members have selected to participate and upload it into the NOVA application at the appropriate prompt