



**Commission On Teacher Credentialing**  
**Classified School Employee Teacher Credentialing Program**  
**Adding New LEA Partners**

**DUE DECEMBER 15, 2025**

Name of LEA Grantee:

Grant #:

Grant Round:

Date Revised:

Date Approved (*CTC Staff*):

**Directions:** Complete and submit the following form to authorize new LEA(s) on your grant partner list. Appendix E must be filled out and signed by each new LEA partner. Submit the completed form to [ClassifiedGrants@ctc.ca.gov](mailto:ClassifiedGrants@ctc.ca.gov).

**Section I – LEA Partner**

In the table below, identify key staff to be involved in the Classified Grant planning and implementation processes, including the position title, roles, and responsibilities from both the LEA grantee and the partner LEA.

| LEA Name | Contact at Partner LEA- Name and Title | Contact at Partner LEA Email | Role and Responsibilities |
|----------|--|------------------------------|---------------------------|
|          |  |                              |                           |
|          |  |                              |                           |
|          |  |                              |                           |
|          |  |                              |                           |

**Section II –Rationale for Additional LEA Partner(s)**

| New LEA Partner | Rationale |
|-----------------|-----------|
|                 |           |
|                 |           |
|                 |           |
|                 |           |

1. **Appendix E:** Identify the LEAs that will be served by the grantee for the Classified Grant. Include the name, title, and roles and responsibilities associated with this grant at the partner LEA.

**All existing grantees will have a one-time opportunity to add new LEA partners to their existing Classified Grant. Please note: Participants at LEA partners approved through this process can be supported with Classified grant funds starting the 2025-26 fiscal year.**

## Appendix E

### LEA Partnership Agreements

### Classified School Employee Teacher Credentialing Program

**Administrative Approval from the Superintendent or Authorized Administrator of the applicant local education agency (LEA).**

*By signing below, I affirm that articulation agreements are in effect and will be provided as outlined in #4 in Section II of this application.*

|   |  |
|---|--|
| Name of Signatory:  |  |
| Title of Signatory:                                       |  |
| LEA Signatory Represents:                                 |  |
| Signature:<br><i>Electronic signatures are acceptable</i> |  |
| Date:   |  |

**Administrative Approval from an Authorized Administrator of the Applicant's LEA Partner(s)**

It is expected that ALL LEA partners will sign these agreements.

*By signing below, I affirm that articulation agreements are in effect as outlined in #4 in Section II of this application.*

|   |  |
|---|--|
| Name of Signatory:  |  |
| Title of Signatory:                                       |  |
| IHE/LEA Signatory Represents:                             |  |
| Signature:<br><i>Electronic signatures are acceptable</i> |  |
| Date:   |  |

**All existing grantees will have a one-time opportunity to add new LEA partners to their existing Classified Grant. Please note: Participants at LEA partners approved through this process can be supported with Classified grant funds starting the 2025-26 fiscal year.**