

**Community Eligibility Provision**

Intent to Renew

**SFA Name:** \_\_\_\_\_

(A) Site Name <sup>1</sup>	(B) Current # of Students Directly Certified <sup>2</sup> (DC)	(C) Current Enrollment	(D) Current Identified Student Percentage (ISP) DC ÷ Enrollment	(E-1) <i>If the ISP is &gt;40%</i> do you intend to renew as a CEP Site?	(E-2) <i>If the ISP is &lt;40%</i> do you intend to request a one year grace period for transition?
1			%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2			%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3			%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4			%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5			%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6			%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7			%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8			%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9			%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10			%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:					

Return to: Laurie Colgan    [Laurie.Colgan@vermont.gov](mailto:Laurie.Colgan@vermont.gov) or Fax to: 479-1822

<sup>1</sup> Include each site on it's own line, use more than one sheet if needed

<sup>2</sup> Count from each school's direct certification master list using the form found in the [Vermont Appendix-Page 21](#)