Community Eligibility Provision (CEP) Intent to Renew

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

| (A)Site Name[[1]](#footnote-2) | (B)Current # of Students Directly Certified[[2]](#footnote-3) (DC) | (C) Current Enrollment | (D)Current Identified Student Percentage (ISP)DC ÷ Enrollment | ***(E-1)******If the ISP is >40%*** do you intend to renew as a CEP Site? | ***(E-2)******If the ISP is <40%*** do you intend to request a one-year grace period for transition? |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  | % | □ Yes □ No | □ Yes □ No |
| 2 |  |  | % | □ Yes □ No | □ Yes □ No |
| 3 |  |  | % | □ Yes □ No | □ Yes □ No |
| 4 |  |  | % | □ Yes □ No | □ Yes □ No |
| 5 |  |  | % | □ Yes □ No | □ Yes □ No |
| 6 |  |  | % | □ Yes □ No | □ Yes □ No |
| 7 |  |  | % | □ Yes □ No | □ Yes □ No |
| 8 |  |  | % | □ Yes □ No | □ Yes □ No |
| 9 |  |  | % | □ Yes □ No | □ Yes □ No |
| 10 |  |  | % | □ Yes □ No | □ Yes □ No |

Comments:

Return to Rosie Krueger at mary.krueger@vermont.gov or fax to 802-828-1589.

1. Include each site on its own line, use more than one sheet if needed [↑](#footnote-ref-2)
2. Count from each school’s direct certification master list [↑](#footnote-ref-3)