



**New Jersey Department of Education  
Title I, Part D, Subpart 2 (TIPD) —for LEA’s  
FORMAL AGREEMENT**

1. Applicant LEA (Grantee)

LEA Name:		CDS Code:	
TIPD Program Contact Person/Title:			
Email:		Phone:	

2. Juvenile Detention Center (JDC) – (Sub-grantee)

Facility Name:			
TIPD Program Contact Person/Title:			
Email:		Phone:	

3. Service Provider (if applicable)

Name:			
TIPD Program Contact Person/Title:			
Email:		Phone:	

4. List the goals for the TIPD, Subpart 2 program for the grant term based upon the needs assessment conducted.

1.	
2.	
3.	

5. List program and staff that will be funded under the award to help achieve the goals listed above.

<b>Program</b>	<b>Specify the days/hours</b>	<b>Students Served All or Describe Selection Criteria</b>	<b>Staff to Facility Program</b>
Supplemental Math	Mondays – 3pm -6pm	Students below 5.5 grade equivalent	Teacher

6. Percentage of total award the juvenile detention center will receive:

*Authorized signatures:*

\_\_\_\_\_  
Applicant LEA Program Director  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Juvenile Detention Center  
Supervisor of Education  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Juvenile Detention Center  
Administrator  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Provider (if applicable)  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** *Formal agreements must be emailed to the TIPD coordinator at [Title1D@doe.nj.gov](mailto:Title1D@doe.nj.gov) by **June 15** and uploaded in the EWEG application.*