[Date]

[COE address]

Superintendent [County Superintendent name],

I am submitting this letter on behalf of [LEA name] in relation to the Children and Youth Behavioral Health Initiative (CYBHI) School-Linked Partnership & Capacity Grant.

We understand that [COE name] will receive an allocation of state grant funds and that [COE name] is responsible for determining how allocated funds will be distributed across LEAs in the county and to COE-led activities.

We further understand the following information from the [Funding Guidance Overview document](https://www.sccoe.org/yhw/cybhi/Documents/DHCS_Funding_Guidance_Memo.pdf):

*The majority of the funding for this grant program is intended to go to Local Education Agencies (LEAs). County Offices of Education (COEs) will work in collaboration with their LEAs as LEAs determine their priority funding activities. LEAs may choose to delegate or defer to their COE to fulfill an objective of the priority funding activity, for example purchasing an electronic health record system or claims submission software for multiple LEAs within the County. In that case, the COE will pool the contributions from the LEAs to support activities on behalf of their LEA(s). However, should a COE not fulfill activities on behalf of their LEAs, 80% of the funding is intended to flow directly to LEAs. As a part of the COE Implementation Plan process, COEs must provide rationale for LEA allocations. Should LEAs have lower than 80% allocation overall to their LEAs, the Grant Administrator will require sufficient rationale for the COE role in LEA funding activities.*

**[LEA name] chooses to (check one):**

* Delegate all the grant funds to [COE name]
* Delegate part of the grant funds to [COE name]

These grant funds will be used for activities that will benefit [LEA name] in relation to the priority funding activities identified in the Funding Guidance Overview to support fee schedule operational readiness.

[Optional: add a description of the specific COE activities to increase LEA fee schedule operational readiness]

**If checked “all of the grant funds” above:** We understand that by delegating all grant funds to [COE name] we will not be required to submit any grant deliverables, including the LEA baseline survey, LEA implementation plan, and LEA progress reports.

**If checked “part of the grant funds” above:** We understand that receiving an allocation of grant funds from [COE name] will require [LEA name] to complete an MOU with [COE name] and to complete grant deliverables including the LEA baseline survey, LEA implementation plan, and LEA progress reports.

While we are electing to delegate grant funding to the COE, we understand the importance of our involvement in the COE’s work to support LEA operational readiness for the fee schedule. As such, we commit to working with [COE name] to ensure their work under this grant program helps improve [LEA name]’s operational readiness to implement the fee schedule.

Sincerely,

[Signature]

[LEA Superintendent or designated signatory name]