Click to enter **Date**

Click to enter **Name of district/consortium and contact information**.

Dear Click to enter **Name of private school or private school contact**,

Click to enter district/consortium name is a applying for a federally funded Stronger Connections Grant (SCG) funded under the federal Bipartisan Safer Communities Act. This grant was enacted to establish safer and healthier learning environments, and to prevent and respond to acts of bullying, violence, and hate that impact our school communities at individual and systemic levels, among other programs and activities.

As part of our application for the SCG grant, we must conduct a community needs assessment. We are reaching out to schedule a meeting with you so that we can learn about your students and their families’ specific needs so that we can include their needs in our application and program design. Grants are awarded by the Oregon Department of Education (ODE) on a competitive basis, and applying for a grant does not guarantee that we will be a grant recipient.

If we are selected as a grant recipient, we may be able to provide services to private school students and their families through a program called equitable services. Private schools may choose to participate or choose to not participate in SCG equitable services. We will contact you later this year if we are chosen as a grant recipient so that we can conduct SCG equitable services consultation. We will consult with you even if you choose not to participate in the needs assessment.

We would like to meet with you on Click to enter **Date of meeting** at Click to enter **Time of meeting**. Click to enter **Meeting** l**ocation information or virtual meeting information**.

Please **complete and return the Participation in Needs Assessment form** on page 2, even if you do not want participate in the needs assessment process as this will help us plan for the meeting. The **deadline** for your response is Click to enter **Deadline date**. If you do not respond by the deadline, we will assume you do not want your needs included in the needs assessment.

Sincerely,

Click to **Add signature**

**Page 2 - Participation in SCG Needs Assessment**

**Please indicate your intent to participate (please check one)**:

[ ] Yes, we will attend SCG Needs Assessment meeting.

[ ] We are interested in participating in the SCG Needs Assessment but need to request an alternate meeting time.

[ ] No, we will not attend the SCG Needs Assessment meeting.

Please return this completed form, or direct questions to Click to insert **Name of district/consortium contact** by mailing to Click to insert **District/Consortium mailing address** or emailing to Click to enter **District/Consortium email address**.

**Private School Information**

**School Name:** Click or tap to enter private school name.

**Contact Name and Title:** Click or tap to enter private school contact name and title.

**Phone:** Click or tap to enter phone number. **Email:** Click or tap to enter email address.

**Signature:** Click or tap to sign name. **Date:** Click or tap to enter a date.