Equitable Services Letter of Notification to Private Schools & Participation Survey for GEER Funds Under the CARES Act

Please customize this letter with district letterhead. Personalize to include district specific or additional information.

[Date]

[Name and address of private school]

Dear [name of private school official if known]:

This letter serves as an invitation for your school to participate in equitable services through the Governor’s Emergency Education Relief Fund (GEER) fund of the Coronavirus Aid, Relief, and Economic Security (CARES) Act provided by [district]. The CARES Act is a federally funded program that provides relief for the impact of the Novel Coronavirus Disease 2019 (COVID-19) on educational services across the nation. Any private school in existence on or prior to March 13, 2020 is eligible to receive services under this act.

All students and teachers in a non-public school are eligible to receive services provided under the CARES Act. The amount of the funds available to provide services in each private school is proportionately determined using each private school’s total K-12 enrollment as of March 12, 2020. The services and benefits available to non-public school students and teachers through the GEER fund are the same as those available to public school students and teachers, which are:

* Support for remote learning and
* Food services activities.

Please note, federal statute does not allow funds to go directly to private schools and requires public school districts to retain control of funds, oversight and administration of services, and the materials, equipment, and property purchased with funds.

To facilitate services, I would greatly appreciate the completion and return of this short survey by [date]. If you have questions that you would like answered about the CARES Act before you complete the survey, please contact me at [phone number] or via email at [email address].

Sincerely,

[Program Coordinator]

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**Non-Public School Participation Survey**

Name of private or home school:

[ ] School would like to participate in GEER services

[ ] School does not want to participate in GEER services

Name:

Signature:

Position:

Address:

Phone Number:

Email Address: