## OHIO CHARTER SCHOOLS PROGRAM (CSP) GRANT PLANNING/IMPLEMENTATION SUBGRANT APPLICATION

COVER PAGE		
CONTACT INFORMATION		
<b>Community School</b>		
Name:		
Address:		
City/State/Zip Code:		
Community School Primary C	ontact	
Name:	Title:	
Phone:	Email:	
Person Completing the Application (if different from above)		
Name:	Title:	
Phone:	Email:	
COMMUNITY SCHOOL INFORMATION		
School Type:		
☐ Newly established	☐ Conversion	☐ Replicator
School Model:		_ replicate.
☐ Site-based		☐ Blended
Opening School Year:		a biolided
	Consequent districts 2040, 20	Consider during 2000 24
☐ Opened during 2018-19	☐ Opened during 2019-20	☐ Opening during 2020-21
Do you have a signed Preliminary Agreement dated no later than March 15, 2017?		
□ No	□ Yes	
Has the school received an IRN?		
□ No	☐ Yes – please provide:	
<b>Enrollment Throughout Grant</b>	Timeline:	
2018-19		
☐ Planning Phase	☐ Implementation Phase I	☐ Implementation Phase II
Grade Levels Served:	Proposed Enrollment:	
2019-20		
□ Planning Phase	☐ Implementation Phase I	☐ Implementation Phase II
Grade Levels Served:	Proposed Enrollment:	

2020-21		
☐ Planning Phase	☐ Implementation Phase I ☐ Implementation Phase II	
Grade Levels Served:	Proposed Enrollment:	
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High-Performing Model		
Name and Location of School Implementing High-Performing Model the new school will Implement:		
Operator Information (if applic	able)	
Is the community school managed by a CMO or EMO?		
☐ No ☐ Yes – must provide contact information below		
Operator Name:		
Address:		
City/State/Zip Code:		
Contact Name:	Contact Title:	
Phone:	Email:	
<u>Note</u> : School applicants that are managed by a CMO or EMO <u>must</u> submit the signed operator contract with this application. Such schools must exercise special care to ensure that a direct representative, independent of the CMO or EMO, is identified to administer the subgrant [34 CFR 75.700-75.702 and 76.701]. The Department will require an assurance that the involvement of any Educational Service Provider (ESP), whether for-profit or non-profit, remains at "arms-length" and has no involvement with the administration of the subgrant.		
Sponsor Information		
Organization Name:		
Address:		
City/State/Zip Code:		
Contact Name:	Contact Title:	
Phone:	Email:	