

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

**COVER PAGE**

**CONTACT INFORMATION**

**Community School**

**Name:**

**Address:**

**City/State/Zip Code:**

**Community School Primary Contact**

**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:**

- Site-based       Blended

**Opening School Year:**

- Opened during 2019-2020       Opening during 2020-2021       Opening during 2021-2022

**Do you have a signed Preliminary Agreement dated no later than March 15, 2020?**

- No       Yes

**Has the school received an IRN?**

- No       Yes – please provide:



## Sponsor Information

**Organization Name:**

**Address:**

**City/State/Zip Code:**

**Contact Name:**

**Contact Title:**

**Phone:**

**Email:**