

**OHIO CHARTER SCHOOLS PROGRAM (CSP) GRANT
EXPANSION 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:

Conversion

Replicator

School Model:

Site-based

Blended

Do you have a board resolution from the governing authority identifying the area the school intends to expand for the 2019-2020 school year?

No

Yes

What is the school's IRN?

Please provide:

Enrollment Throughout Grant Timeline:

2018-2019

Current Grade Levels Served:

Current Enrollment:

2019-2020

Proposed Grade Levels Served:

Proposed Enrollment:

Proposed New Program(s) or Course(s):

2021-2021

Proposed Grade Levels Served:

Proposed Enrollment:

Proposed New Program(s) or Course(s):

Operator Information (if applicable)

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:

Note: Any school applicant managed by a CMO or EMO **must** 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 nonprofit, 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: