## 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 2022-2023 school year?  
☐ No  ☐ Yes  

What is the school’s IRN?  
☐ Please provide:  

## Enrollment Throughout Grant Timeline:

### 2020-2021

Current Grade Levels Served:  
Current Enrollment:  

### 2021-2022

Current Grade Levels Served:  
Current New Program(s) or Course(s):  
Proposed Enrollment:  

### 2022-2023

Proposed Grade Levels Served:  
Proposed New Program(s) or Course(s):  
Proposed Enrollment:  
## Operator Information (if applicable)

**Is the community school managed by a CMO or EMO?**
- [ ] No
- **[x]** 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:**