

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

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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 2020-2021 Opening during 2021-2022 Opening during 2022-2023

Do you have a signed Preliminary Agreement dated no later than March 15, 2021?

- 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: