# Part 1: Application Form

## Section 1: School Information

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| School Name: | Click or tap here to enter text. |
| **Location/Region:** (planned if not known) | Click or tap here to enter text. |
| **Type of Grant Application:** | Expansion  Replication  Startup (New School) |
| **UEI (sam.gov):** | Click or tap here to enter text. |
| **Tax Id:** | Click or tap here to enter text. |
| **Primary Grant Contact Name:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Street Address:** | Click or tap here to enter text. |
| **City/Town:** | Click or tap here to enter text. |

## Section 2: Eligibility Requirements

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| 1. What grades will/does your school serve? Click or tap here to enter text. |
| 2. Is the school affiliated with a sectarian school/religious institution?  Yes  No |
| 3. Will your school charge any fees to access any educational program elements?  Yes  No |
| If yes, explain what the fees will be for and amounts:  Click or tap here to enter text. |
| 4. Is the school registered as a non-profit? **Attach Certificate**  Yes  No |
| 5. One of the most important factors for renewal or revocation of a school's charter is their performance with regard to their accountability plan. The State Board of Education has the right to revoke or not renew a school's charter based on financial, structural, or operational factors involving the management of the school. As such, does the school have an Accountability Plan as a part of their approved charter?  Yes  No  If yes, please describe the quality controls within this performance agreement:  Click or tap here to enter text. |
| 6. Has the school received a previous CSP grant for start-up, expansion or replication?  Yes  No  *If yes, please provide the dates*. Click or tap here to enter text. |
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## Section 3: School Status & Demographics

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| **Charter Authorizer:** | Click or tap here to enter text. |
| **Is your charter approved?** | Yes *Date of Approval or Last Renewal:* Click or tap to enter a date.  No *Targeted date for Approval:*  Click or tap to enter a date. |
| **When will your new school, expansion, or replication open to students?** | Click or tap to enter a date. |
| **What is your projected enrollment at the end of the grant project?** | Click or tap here to enter text. |
| **What is your projected**  **At-Risk Enrollment**  (for startups at opening for expansion or replication at the next school year)? | Click or tap here to enter text. |
| **What is the percent Economic Disadvantage in the district where your school is/will be located? Refer to the iplatform for this information** | Click or tap here to enter text. |

## Section 4: School Model & Operations (overview of your school)

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| In a few sentences, please provide the school’s mission and educational philosophy/model. |
| Click or tap here to enter text. |
| What prompted the development team to form this school? |
| Click or tap here to enter text. |
| What districts/towns will your school target for students? |
| Click or tap here to enter text. |
| Is the applicant working with any partner organizations or charter management organizations? If yes, please describe the roles and responsibilities of each organization. Include in this discussion the administrative and contractual roles and responsibilities. |
| Click or tap here to enter text. |

## Section 5: Grant Project Overview (your abstract)

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| In a few paragraphs, provide an overview of your grant project. What will the money go towards? |
| Click or tap here to enter text. |
| Provide an overview of the current state of your school and the post grant picture of your school. For expansions, provide information how your school will expand (enrollment and/or program). |
| Click or tap here to enter text. |

## Section 6: Request Amounts

Please enter the amount requested per line item. The maximum amounts are listed in the RFA.

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| **Enter the amount of project grant requested:** | Click or tap here to enter text. |
| **Enter additional funds requested for innovation:**  *submit required innovation plan* | Click or tap here to enter text. |
| **Enter additional funds requested for targeting at-risk populations:**  *submit a Plan for At-Risk Students* | Click or tap here to enter text. |
| **Enter the total amount of grant requested**  *(add lines above):* | Click or tap here to enter text. |

By signing below, the applicant affirms that the information contained within the entire application is an accurate and true representation of facts.

The applicant certifies that the application and supplemental documents will be a matter of public record and could be subject to a Right to Know Request (FOIA Law) and has made every effort to eliminate individual identifiers to protect individual student’s identities.

The applicant affirms its understanding that student achievement as outlined in the performance agreement contained in your approved charter will be one of the most important factors used for renewal or revocation of the school's charter, and NHED reserves the right to revoke or not renew a school's charter based on financial, structural, or operational factors involving the management of the school.

The applicant affirms they have read and received the complete Request for Applications package dated April 15, 2024 posted on the New Hampshire Department of Website ([Federal Charter School Program Grant | Department of Education (nh.gov)](https://www.education.nh.gov/who-we-are/division-of-educator-and-analytic-resources/bureau-of-educational-opportunities/charter-schools/start-up-process)).

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Signature Date

Click or tap here to enter text.

Print Name, Title