# Intent to Submit

Please complete the following form to register your plan to submit an application for a CSP Grant under the current competition. This form is critical to our planning for the review and scoring of the applications received. Failure to submit this form may result in an ineligible designation.

This form is **due no later than noon, July 20, 2022.**

**Return this form to** [doe.nhcsp@doe.nh.gov](mailto:doe.nhcsp@doe.nh.gov).

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| Date: | Click or tap to enter a date. |
| **School Name:** | Click or tap here to enter text. |
| **Location/Region** (planned if not known)**:** | Click or tap here to enter text. |
| **Please provide the name of your school leader(s):** | Click or tap here to enter text. |
| **Primary Contact Name:** | Click or tap here to enter text. |
| **Primary Contact Phone Number:** | Click or tap here to enter text. |
| **Email Address for Primary Contact:** | Click or tap here to enter text. |
| **Alternate Email Address for Competition Updates:** | Click or tap here to enter text. |
| **Who is your authorizer?** | Click or tap here to enter text. |
| **Type of Application You Are Likely Seeking:** | Start-Up/New School  Expansion  Replication |
| **Has the school been the recipient of a previous CSP grant?** | Yes  No If yes provide dates: Click or tap here to enter text. |
| **If yes, what was the purpose or project that was funded?** | Click or tap here to enter text. |