

## **New Hampshire Charter School Office**

Charter Schools Program (CSP) Grant

## **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 as we use it to check eligibility, plan the size of the peer review team, and notify your authorizer of your intent to submit an application. Failure to submit this form may result in an ineligible designation. This form is **due no later than noon, May 8, 2024.** 

Return this form to doe.nhcsp@doe.nh.gov.

Date:				
School Name:				
Location/Region (planned if not known):				
Please provide the name of your school leader(s):				
Primary Contact Name:				
Primary Contact Phone Number:				
Email Address for Primary Contact:				
Alternate Email Address for Competition Updates:				
Who is your authorizer?				
This form will be used to notify your				
authorizer of your application.				
Type of Application You Are Likely	Ctort Un /No	, Cabaal	□ Evnansion	□ Donlingtion
Seeking:	☐ Start-Up/New	7 2011001	☐ Expansion	☐ Replication
FOR EXPANSION ONLY:	Have you filed an amendment to your charter for your project? Yes No			