Form 2—Application Cover Sheet

Charter School Information

Charter School Name:

_____

Address: _____ City: _____

Zip Code: _____ County: _____

Telephone Number: _____

County District School (CDS) Code: _____

DUNS Number: _____

Charter Authorizing Agency Name: _____

Date of Most Recent Charter Approval, or "Pending": _____

Charter School Number: _____ School Grade Levels: _____

Proposed Enrollment/Current: _____

School Opening Date: _____

Type of Sub-grant: ☐

Sub-grant amount requested: _____

Indicate School Type: ☐

Is this school a conversion school? ☐ **Yes** ☐ **No**

Is the school managed by a Charter Management Organization (CMO)?

☐ **Yes** ☐ **No**

If applicable, name of the CMO: _____

List all governing board members of charter school:

List up to 10 of the most recently approved charter schools for which the above the governing board members are responsible. Enter charter school names, charter numbers and CDS codes:

	#	
	#	
	#	
	#	
	#	
	#	
	#	
	#	
	#	
	#	

Have any of the principal parties submitting this application been involved in the development or operation of any other charter school(s) and received a PCSGP award?

☐ **Yes**

☐ **No**

If yes, please list up to 10 of the most recent schools, including charter name, charter number, and start and end dates of the PCSGP grant(s) below:

	#	
	#	
	#	
	#	
	#	
	#	
	#	
	#	
	#	
	#	

Has this charter school previously operated under a different name or a different authorizer?

☐ **Yes**

☐ **No**

If yes, please provide a brief explanation below:

Primary Applicant Information

Full Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

E-mail: _____

Contact Person Information

Full Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

E-mail: _____

Certification, Assurance, and Signature Section

CERTIFICATION/ASSURANCE: As the duly authorized representative of the applicant, I have read all assurances, certifications, terms, and conditions associated with the Federal Charter Schools Program, and I agree to comply with all requirements as a condition of funding.

I certify that all applicable state and federal rules and regulations will be observed and that to the best of my knowledge, the information contained in this application is correct and complete.

Printed Name of Administrator or Designee: _____

Telephone Number: _____

Date: _____

Administrator or Designee Signature (Blue Ink): _____