

**NYS Charter School Program
 Planning and Implementation Grant
 2012-2013
 Application for Continuation Cover Page**

Agency Code

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Name:	Chief Administrator:
Address:	Contact Person:
	Title:
	Telephone: Fax:
City: Zip Code:	E-Mail:
County:	Funding Requested:
<p>I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the entity named above has authorized me as its representative. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Terms and Conditions, and Appendices (signed as part of the initial application), and that the requested budget amounts are necessary for the implementation of this project. It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.</p>	
Chief Administrative Officer Signature (BOT President if an Educational Management Company is present):	Title:
Typed Name:	Date:

**Submit an original signed (in blue ink) application postmarked by 08/27/2012 to:
 New York State Education Department
 89 Washington Avenue
 Charter School Office Attn: Kristen Hamilton
 Room 465 EBA
 Albany, NY 12234**