FY12 New York State Charter School Planning and Implementation Grant
Request for Information
Cover Page

The following information must be completed in order to receive grant funds.

<table>
<tr><td>Name of Charter School:</td><td>Grant Contact Person:</td></tr>
<tr><td rowspan="4">Address:

City: Zip Code:</td><td>Title:</td></tr>
<tr><td>Telephone:</td></tr>
<tr><td>Fax:</td></tr>
<tr><td>E-Mail:</td></tr>
<tr><td colspan="2">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, Appendix A, Appendix A-1G, 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.</td></tr>
<tr><td colspan="2">Original Signature of Chief Administrative Officer (BOT President for schools partnered with an Educational Management Company) or the Lead Applicant (**in blue ink**)</td></tr>
<tr><td>Typed Name:</td><td>Date:</td></tr>
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