GREAT SCHOOLS COLORADO

CHARTER SCHOOL PROGRAM (CSP) GRANT

CONTINUATION SUBGRANTEE APPLICATION

Part I: Applicant Information

All elements of Part I will be completed in the online application form (Foundant). The applicant may wish to complete their information in this document and copy responses into the online application in the event the information is not saved.

Applicant Charter School Information				
School Name:	School Code:			
Grant Type awarded previously under CDE: ☐ New School ☐ Replication School ☐ Expansion School				
Region: (Please indicate the region of Colorado this program will directly impact)				
☐ Metro	☐ Northeast ☐ Pike	es Peak		
☐ North Central	☐ Northwest ☐ Sou	theast		
School Model: (Identify the categories the school specializes in by checking all that apply)				
☐ Alternative Education Campus/Credit Recove	•	☐ Montessori		
☐ Arts/Performing Arts	☐ Direct Instruction	☐ Online Format Only		
☐ Blended Learning	☐ Dual Language/Immers	sion		
☐ Career and Technica Education	al □ Early College/Concurre Enrollment	ent Single Gender		
☐ Classical	☐ Expeditionary Learning	☐ STEM/STEAM		
☐ College Prep	☐ Gifted Education	☐ Waldorf		
\square Competency-Based	☐ Inclusion	☐ Other:		
Focused Programming Award?				
Funding Amount Requested: (Use NA for year(s) of funding not applicable)				
GSC Grant Year	Operational GSC Grant Year	GSC Grant Project Award Amount Requested		
	Planning Year 0	\$		
	Implementation 1	\$		
	Implementation 2	\$		
	Implementation 3	\$		
Total Funding Sought: (Combined amount of up to 3-years of funding requested) \$				

Authorizing School District/Charter School Institute Information				
School District Name:		State Authorizer Code:		
Mailing Address:				
Unique Entity ID (UEI): (Formerly DUNS)		UEI Expiration Date:		
Authorizer Superintendent/Executive Director				
Name:		Email:		
School District / CSI Authorized Representative (Charter School Contact)				
Name: Title:				
Email:		Telephone:		
School District / CSI Fiscal Representative (Fiscal Contact)				
Name: Title:		<u> </u>		
Email:		Telephone:		
Required I	nformation	ı		
Year Charter School Started/Will Start: Year Charter School Will Expire:				
School Performance Framework Rating for 2024: (if available)				
Performance □ Improvement □ Priority Improvement □ Turnaround □ N/A □				
Percentage of students qualifying for Free/Reduced-Priced Lunch: (indicate if actual or approximate)				
Percentage of students with an Individualized Education Program: (indicate if actual or approximate)				
Percentage of students qualifying for English Language services: (indicate if actual or approximate)				
Actual full-time student count for SY 2023-24 October Count: (If applicable)				
Actual full-time student count for SY 2024-25 October Count: (If applicable)				
Projected Full-time Student Count for SY 2025-26:				
Projected Full-time Student Count for SY 2026-27:				
Federal Programs Funds: (Identify other federal funding the school receives or intends to apply for by checking all that apply)				
☐ Title I, Part A: Improving Basic Programs Operated by State and Local Educational Agencies				
☐ Title II, Part A: Preparing, Training, and Recruiting High-Quality Teachers, Principals or Other School Leaders				
☐ Title III: Language Instruction for English Learners and Immigrant Students				
☐ Title IV, Part A: Student Support and Academic Enrichment Grants				
☐ Title V, Part B: Rural Education Initiative				
□ School Lunch Program, Free and Reduced-Priced Meals				
□ Other:				