

**NYS Charter School Program
Planning and Implementation Grant**

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 and two copies of the Application for Continuation postmarked by 08/05/2011 to:
New York State Education Department
Office of Grants Management
Room 674 EBA
Albany, NY 12234
ATTN: Charter School 2011-2012 Continuation of Multi-Year Grant Awards**