**GEORGIA DEPARTMENT OF EDUCATION** **GRANT APPLICATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please return to:**  [kwiggins@doe.k12.ga.us](mailto:kwiggins@doe.k12.ga.us) | |  | **A) Program Name:**  Georgia Charter Schools Program (CSP) Remote Learning & Access COVID-19 Relief Grant | | | **GDOE USE ONLY**  Date Received: |
| **B) Name and Address of Eligible Applicant:** | | | | | |
| **Project Number (GDOE Assigned)**  TBD |
| **C)** | **Total Funds Requested:** | | | **D)** | **Applicant Contact & Business Information** | |
|  | $ | | |
| School Contact Name: | | School Contact Number: |
|  |  | | | CFO Contact Name: | | CFO Contact #: |
|  | **GDOE USE ONLY** | | |  | |  |
|  | **Total Approved Project:** | | | Mailing Address: | | E-mail Address: |
|  | $ | | |  | |  |
|  |  | | | Physical/Facility Address (School): | | Authorizing District |
|  |  | | |  | |  |
|  | |  | | **CERTIFICATION** | |  |
| I, , (*Please Type Name)* as the official who is authorized to legally bind the agency/organization, do hereby certify to the best of my knowledge and belief that all the information and attachments submitted in this application are true, complete and accurate, for the purposes and objectives set forth in the RFA or RFP and are consistent with the statement of general assurances and specific programmatic assurances for this project. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact may subject me to criminal or administrative penalties for the false statement, false claims or otherwise. Furthermore, all applicable statutes, regulations, and procedures; administrative and programmatic requirements; and procedures for fiscal control and maintenance of records will be implemented to ensure proper accountability for the expenditure of funds on this project. All records necessary to substantiate these requirements will be available for review by appropriate state and federal staff. I further certify that all expenditures will be obligated on or after the effective date and prior to the termination date of the project. Disbursements will be reported only as appropriate to this project and will not be used for matching funds on this or any special project, where prohibited.  Further, I understand that it is the responsibility of the school leader to obtain from its governing body the authorization for the submission of this application.  **E)**  Signature of District Superintendent (or SCSC ED) Title Date    Signature of School Governing Board Chair Title Date | | | | | | |

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| --- |
| **Instructions for Completion of Grant Application** |
| 1. Enter name and address of the Charter School for which funds are requested. 2. Enter name and mailing address of eligible applicant. The applicant is the public entity receiving funds to carry out the purpose of the project. 3. Enter the total amount of funds requested for this project. 4. Enter requested information for the school contact and CFO. These individuals are the people responsible for responding to all questions, programmatic or budgetary regarding information included in this application. Please indicate if school is locally authorized or authorized by the Georgia State Charter School Commission (SCSC). 5. **The original signatures of the district superintendent (or Commission Executive Director, if SCSC-approved) and the school’s governing board chair are required.**  * **Note: Applications signed by officials other than those identified above must have a letter signed by the agency head or documentation citing action of the governing body delegating authority to the person to sign on behalf of said official. Attach the letter or documentation to the Grant application when the application is submitted.** |

**Georgia Public Charter School Program (CSP) Remote Learning and Access COVID-19 Relief Grant**

**School Information Form**-

*(****REQUIRED****)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Authorizer Name: |  | | | |
| 2. Official School Name: |  | | | |
| 3. District Code: |  | | | |
| 4. Physical Location: |  | | | |
| 5. Grade Levels Served: |  | | | |
| 6. Student Enrollment: | 2019-20: | 2020-21: |  | |
| 7. Number of Teachers/Staff: | Teachers: | Additional Staff: |  | |
| 8. Year School Opened: |  | | | |
| 9. Title I Status? | Yes | No |  | |
| 10. If the school contracts with an Education Service Provider (ESP), please identify the ESP and provide contact information.  11. Provide a brief description of the school’s educational program. | | |  |  |
|  | | |  | |

12. Explain why the school is seeking funds under this RFA. Why are CSP funds necessary to accommodate the school’s and students’ remote-learning needs, or technology enhancements, due to the disruption caused by COVID-19?

1. Explain how the charter school will support all students in the school through this project.
2. Provide a brief plan for how the school will transition back to the school’s original academic program after the COVID-19 emergency has ended.

\*Additional text for questions 13-16 may be provided on a separate page, if needed.

**Assurances**

***(REQUIRED)***

**THE GEORGIA CHARTER SCHOOL OFFICE MUST HAVE IN PLACE A FRAMEWORK FOR EVALUATING THE RISKS POSED BY APPLICANTS BEFORE THEY RECEIVE FEDERAL AWARDS *(CSP, TITLE V, PART B OF THE ESEA NONREGULATORY GUIDANCE, SECTION D-4*, AND *TITLE 2, SUBTITLE A, CHAPTER II, PART 200, SUBPART D,***

***§200.205 FEDERAL AWARDING AGENCY REVIEW OF RISK POSED BY APPLICANTS, AND §200.519 CRITERIA FOR FEDERAL PROGRAM RISK*). TO EVALUATE APPLICANTS THAT MAY POSE A RISK OF NON-COMPLIANCE, THE CSP PROGRAM OFFICE REQUIRES THE CONFIRMATION OF THE ASSURANCES LISTED BELOW.**

**PLEASE REVIEW, COMPLETE, AND SIGN THIS FORM. APPROVAL OF THE CSP BUDGET IS CONTINGENT ON THE COMPLETION OF THIS FORM.**

ASSURANCES\* (please check box)

Applicant confirms the school has an executed contract with the local school district or with the State Charter Schools Commission (SCSC).

☐

Applicant confirms all Charter School Program (CSP) purchased items will **only benefit** the Applicant school, staff, and enrolled students to comply with CFR, Title 2, Subtitle A, Chapter II, Part 200, Subpart D, §200.405 Allocable costs.

☐

Applicant’s established internal controls (policy and procedures) effectively safeguard the management of equipment and property purchased with CSP grant funds to comply with CFR, Title 2, Subtitle A, Chapter II, Part 200, Subpart D, §200.303 Internal controls.

☐

Applicant school confirms CSP purchased items will comply with the definitions and rules of ‘*Use*’ and ‘*Disposition*’ found in CFR, Title 2, Subtitle A, Chapter II, Part 200, Subpart D, §200.311 Real Property.

☐

Applicant confirms the school’s lease and/or management organization contract does not include provisions that allow Landlord/Lessor or management organization to take possession of any equipment purchased with public funds under any circumstance.

☐

Regardless of threshold, all items (including computer hardware) must revert to the school district, for locally-approved charter schools, or to the Commission, for schools authorized by the SCSC.

Applicant confirms a full inventory of all CSP purchased property will be conducted, at a minimum, twice yearly by January 1, 2021 and at the end of the project period.

☐

Applicant confirms all CSP inventory will be logged and labelled upon receipt of equipment at the school. The school’s inventory report must include the following

☐

fields: Item/Serial number, Item Description, Funding Source, Acquisition Date, Cost, location/room #, Condition, and Disposition Date.

Applicant confirms all CSP purchased property with 600 object codes will be tagged and labeled with the following information:

☐

* Property of [District/School Name]
* Inventory item ID/serial #
* Purchased with Federal CSP funds

All payments for locally-approved charter schools will be released to the local education agency (LEA) using the State accounting system, GAORS. The LEA may choose to distribute these funds as reimbursements via submitted and approved invoices and receipts. SCSC-approved schools will be required to submit paid invoices directly to GaDOE’s Charter Schools Division via email to the Grants Manager for approval. Training will be provided to all grantees.

☐

Applicant will provide the Georgia Department of Education such information as may be required to determine if the charter school is making satisfactory progress toward achieving the objectives of the project.

☐

Applicant will cooperate with the State educational agency in evaluating the school’s project.

☐

Applicant confirms that CSP purchased items will not be permanently installed.

☐

Applicant confirms the school has never provided remote learning as part of their educational program. Funding will only be provided to support the *initial* implementation of remote-learning programs that demonstrate financial need for such resources.

☐

Applicant confirms it is *not* a current recipient of a CSP sub-grant award. Active CSP sub-grantees may not receive sub-grants under this RFA.

☐

Yes No

☐

☐

* + Has the applicant previously received a CSP grant?
  + If yes, are all previous CSP sub-grant activities

☐

☐

satisfactorily completed? This includes complying with all state and federal reporting and record-keeping requirements.

Does applicant confirm that sub-grant funds under this RFA will not be used to carry out the same project/ activities from a previous CSP grant (any activities funded under the school’s previous grant)?

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☐

Applicant confirms that the purpose of applying for this grant is to meet the immediate educational needs of its students impacted by the COVID-19 national emergency and applicant will complete all grant requirements in the time specified in the RFA.

☐

Applicant confirms the sub-grant under this RFA will support all students in the school.

☐

Applicant confirms all students will be held accountable for meeting the academic performance requirements of the state accountability system and any performance requirements outlined in their executed charter agreement.

☐

Applicant confirms it will adhere to the written plan provided in the project summary and plan for transitioning from remote-learning efforts to the school’s original academic program after the COVID-19 national emergency has ended.

☐

*\*PAGES 6 & 7 PROVIDE APPLICABLE CFR REQUIREMENTS THAT PERTAIN TO ASSURANCES ABOVE.*

|  |
| --- |
| District: |
| Full name of charter school: |
| District Code: |

|  |  |  |
| --- | --- | --- |
| **SIGNATURE CERTIFIES THE CSP APPLICANT’S AGREEMENT WITH EACH OF THE ASSURANCES.** | | |
|  |  | SCHOOL PRINCIPAL/ADMINISTRATOR  CHARTER SCHOOL BOARD CHAIR |
| ***AUTHORIZED REPRESENTATIVE NAME (TYPED)\**** |  | **TITLE** |
| ***AUTHORIZED REPRESENTATIVE SIGNATURE*** |  | ***DATE SIGNED*** |
| ***\*Authorized representative must be affiliated with the charter school and not a management company contractor.*** | | |

**Attestation Page**

***(REQUIRED)***

* **I certify that I am authorized to submit this proposal on behalf of the named school.**
* **I certify that I am the authorized contact for this proposal and understand that all communications regarding this proposal will be sent to me.**
* **I certify that, to the best of my knowledge, all information included in this proposal is true and accurate. If any information in this proposal is determined to be inaccurate or false, the Georgia Department of Education reserves the right to either rescore the proposal or find the applicant ineligible to receive grant funding.**

|  |  |
| --- | --- |
| I agree to the above statements. |  |
| District: |  |
| Full name of charter school: |  |
| District Code: |  |
| Print Name: |  |
| Signature: | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Phone #:  Contact Email: |  |

***Pursuant to O.C.G.A. § 50-36-1(e)(2), please complete the following Affidavit.  A list of secure and verifiable documents can be found on our website. The document should be submitted with this affidavit.  This form should be completed by the CEO or President of the Non-profit Corporation.***

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*type of* *public benefit*], as referenced in O.C.G.A. § 50-36-1, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*name of government entity*], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) \_\_\_\_\_\_\_\_\_ I am a United States citizen.

2) \_\_\_\_\_\_\_\_\_ I am a legal permanent resident of the United States.

3) \_\_\_\_\_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(state).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

My Commission Expires:

## FY 2021 CSP Distance Learning COVID Relief Grant Project Summary (1 page maximum)

## Please use this page to explain the project(s) you are proposing and justify that it is an allowable use of the CSP Grant Funds for Distance Learning.

## School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_