**Georgia Public Charter School Program (CSP)**

 **Remote Learning and Access COVID-19 Relief Grant**

 **Notice of Intent to Apply**

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| 1. **Name of School** |   |
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| 2. **Authorizing District**  (locally-authorized  charter schools only) |   |
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|  3. **School Address** |   |

4. **Submitter name and**  **title**5. **Submitter signature** |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |