**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** |  |
|  |  |
| 2. **Authorizing District**  (locally-authorized  charter schools only) |  |
| |  |  | | --- | --- | | 3. **School Address** |  |   4. **Submitter name and**  **title**  5. **Submitter signature** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |