

## Office of School Choice - Charter School Program Grant

# **CSP Microgrant Application (2025 Cohort)**

Due January 31, 2026

#### **District Information**

Please complete the following information.

District Information			
District			
Primary Contact Information (leads authorizing activities for the district)			
Name		Title	
Email		Phone	

#### **Charter Schedule and Procedures**

Please provide the link where the district's charter application schedule and procedures can be found.

Charter Schedule and Procedures					

## **Community of Practice Participation**

Please provide the name(s) of district personnel who attended each Community of Practice convening. NOTE: These personnel should work, at least in part, in charter authorizing and/or accountability.

Community of Practice Participation					
May 14, 2025 Virtual (new members)	May 28, 2025 In-person (all members)	July 9, 2025 Virtual (all members)	July 23, 2025 Virtual (all members)	Sept. 10, 2025 Virtual (all members)	Sept. 24, 2025 In-person (all members)

## **Third-Party Reviews**

Please complete the following regarding the third-party reviewer used during the 2025-2026 Charter Application Cycle. Please attach a copy of the **paid invoices for the third-party vendor services provided** and the **Board Agenda** from which a recommendation was made.

Third-Party Reviews					
Vendor Name					
Applications Reviewed during the 2025-2026 Charter Application Cycle					
Non-profit Name/Proposed School			Board Decision		
Non-profit Name/Prop	osed School			Board D	ecision ecision
Non-profit Name/Prop	osed School			Board D	ecision ecision
Non-profit Name/Prop	osed School			Board D	ecision
Non-profit Name/Prop	osed School			Board Decision	
Total Costs of Third-Party Charter Application Review					
Cost per Application		Total Costs Incurred			

#### Certification

Certification					
I certify that I have the authority to submit this CSP Microgrant Application and that all information contained herein is complete and accurate. I recognize that any misrepresentation could result in disqualification and removal from the CSP Microgrant process. The person named as the contact person for the CSP Microgrant is so authorized as the primary contact for the CSP Microgrant application on behalf of the organization.					
Name		Title			
Signature		Date			

## **Submission of CSP Microgrant Application**

Send this completed and signed application, relevant third-party paid invoices, and the board agenda(s) to <a href="mailto:CSPGrant@la.gov">CSPGrant@la.gov</a> by COB January 31, 2026.