## **Charter Schools Program (CSP)**

Office of Elementary and Secondary Education U.S. Department of Education

CSP Data Collection Form - State Entity (SE) Grantees

Instructions

### Purpose of Data Collection:

The new data collection will collect CSP grant award information from SE grantees to create a new database of subgrant award data. The CSP Data Collection Form will allow the U.S Department of Education (ED) to monitor CSP grant performance and analyze data related to accountability for academic performance and financial integrity. The data collection will assist in carrying out the purpose of the Charter Schools Program which is to expand the number of high quality charter schools and increase the national understanding of the charter school model.

The CSP Data Collection Form has two parts:

<u>Part A</u> asks for CSP SE grantee award information. The state name, the state contact person, and the contact person's title has already been entered in the form. If this information is incorrect, please contact the data collection administrators (see "Contact Information" below). <u>In the gray boxes, please enter the number of new CSP subgrantees that receive CSP funds for each Federal Fiscal Year.</u> The Total Number of Current Active Subgrants in Part A should match the number of subgrant swards in Part B.

Part B asks for CSP subgrant award information. In all, grantees will provide the following information for each active subgrant within the State's project period: 1) the name and contact information for the charter school and LEA. 2) the charter school's management organization (CMO, EMO or freestanding); 3) the authorized public chartering agency; 4) the total amount of funding an applicant received to start a charter school, along with the beginning and end date of the grant project period and budget periods; and 5) other charter school information (e.g., enrollment) as needed.

#### Form Submission:

The completed *CSP Data Collection Form* should be sent to **CSPdatacollection@wested.org**. In the subject heading please include "CSP Data Collection" followed by your state name. Please be sure to save a copy of the completed form for your own records.

#### Contact Information:

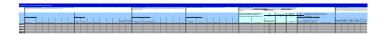
If you have any questions or concerns regarding the completion of the *CSP Data Collection Form*, please contact WestEd. You can email us at **CSPdatacollection@Wested.org**, or call toll-free **866-902-4887**.

### Paperwork Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-new. Public reporting burden for this collection of information is estimated to average two hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit in accordance with the Education Department General Administrative Regulations (EDGAR) 34 CFR 75.253. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your individual form, application or survey, please contact the Charter Schools Program c/o Nicoisa Jones, 400 Maryland Avenue SW, Washington, DC 20202, Nicoisa.Jones@ed.gov directly.

OMB Number: Approval Expires

# Data Collection Form: Part A: SE CSP Grant Award Information State: State Contact Person: Title of Contact Person: PR/Award #: **S282A20XXXX** Project Period Begin Date: Project Period End Date: Total Award Amount Obligated: \$0 The award amount includes the total amount obligated to your state from each Budget Period, including the original obligated amount and additional supplemental, frontloading and continutation obligation amounts. See the breakdown of funds across years below. In the gray boxes below, please list the number of new subgrants funded from your CSP grant in each Budget Period. The total should equal the number of subgrants funded across your entire grant. On the following worksheet, you will provide award information for each of these subgrantees. Breakdown of Obligated Funds <u>Supplemental</u> **Obligated** Number of new subgrant awards per Budget Period per Budget Period: <u>Amount</u> Amount Budget Period 1 - FY 2020 \$0 \$0 (10/1/20-9/30/21) 0 Total Number of Subgrants: => Comments? If any of the above information is incorrect, or if you need to provide any additional information regarding your CSP grant, please use the box below. You may also direct comments to us at CSPdatacollection@Wested.org, or call toll-free 866-902-4887. Please turn to Part B to provide data for each subgrant **OMB Number: Approval Expires**





## Data Collection Form: SE Summary Sheet

Check your data:

This sheet summarizes the CSP Grant Award Data already provided in Part A and the CSP Subgrant Award data you entered in Part B. If there are discrepancies in the amount of funds obligated and awarded in each Budget Period, please use the gray space below to explain.

State: 0

State Contact Person: 0

Title of Contact Person: 0

PR/Award #: **\$282A20XXXX** 

Project Period Begin Date: 1/1/1904

Project Period End Date: 1/1/1904

Total Award Amount Obligated:





------Summarized from Part A------| |-----Summarized from Part B-----|

Breakdown of Obligated Funds per Budget Period: **Obligated Amount** 

<u>Supplemental</u> Award Amount

Number of new subgrant awards amount obligated per Budget **Period** 

Total award from ED per

Total subgrant award amount per Total remaining to the obligated

Budget Period 1 - FY 2020 (10/1/20-9/30/21)

\$0 \$0 0

**Budget Period** 

Budget Period

be obligated

Total Number of Subgrants:

0

\$0 \$0 \$0

\$0

\$0 \$0

Comments or questions? Please contact us at CSPdatacollection@Wested.org, or call toll-free 866-902-4887.

OMB Number:

**Approval Expires**