

ACADEMY NAME:

ACADEMIC GRANT PROGRAM AGREEMENT

On behalf of the above named Academy and pursuant to the Grand Valley State University (GVSU) Charter Schools Office (CSO) Academic Grant Program we certify that if awarded Academic Grant funds:

- Grant funds will be used for student enrichment, professional development.
- Grant will be excluded for use for management fees.
- Grant funds are to be spent during the 2012-2013 school year budget.
- The CSO is not obligated to provide the Academic Grant Program and may discontinue the program at any time.
- The Charter School Board of Education will take official action to accept funds when awarded.

By signing this document, I acknowledge that I have reviewed and agree to the terms of the Academic Grant Program.


Signature: _____ Date: _____
Academy Administrator

Signature: _____ Date: _____
Board of Education President

**The student count for your Academic Grant computation will come from the March 2012 Michigan State Aid Financial Status Report.*

To Be Completed by Charter Schools Office Staff:

CSO Approval		Requisition Completed
Project Coordinator		Award Letter mailed
Research and Measurement		
Field Service Officer		
Special Assistant		



**Signed Agreements
are due to the
Charter Schools Office
prior to 5:00 pm on
December 1, 2011.**



**GRAND VALLEY
STATE UNIVERSITY**
CHARTER SCHOOLS
OFFICE

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