

**Appendix C2: Final Planning Year Statement of Assurance**

I, \_\_\_\_\_ (Print Name of the Chair of the Board of Trustees) am the Chair of the \_\_\_\_\_ (Print Charter School Name) Board of Trustees. In the event that the school's \_\_\_\_\_ (date) request for a \_\_\_\_\_ [e.g., third] and final planning year for the **20\_\_ - 20\_\_ academic year** is granted, the charter school's Board of Trustees will continue to engage in all pre-opening activities, including but not limited to:

1. Monthly board of trustee meetings in accordance with the Open Meetings Law;
2. Continued participation in all NYSED CSO pre-opening conference calls;
3. All required fiduciary responsibilities, included but not limited to audits; and
4. Any other activities required by the pre-opening checklist and the New York State Education Department.

The board further understands and agrees that in the event that the final planning year request is granted, if the school does not open in the 20\_\_ - 20\_\_ academic year, whether due to an event outside of the board's control, failure to satisfactorily complete NYSED pre-opening requirements, or for any other reason, NYSED will not grant any additional planning years. If the school will not open in the 20\_\_ - 20\_\_ academic year as required, regardless of the reason, the Board will formally and immediately surrender the charter. Failure to open and/or surrender the charter as required will be grounds for termination, revocation, and dissolution of the charter.

The board also understands and agrees that in the event that the final planning year request for 20\_\_ to 20\_\_ is *denied*, the school will open in 20\_\_ - 20\_\_, in accordance with the originally approved timeline. If the school will not open as required, the Board will formally and immediately surrender the charter. Failure to open and/or surrender the charter as required will be grounds for termination, revocation, and dissolution of the charter.

\_\_\_\_\_, Board Chair  
of \_\_\_\_\_ Charter School

STATE OF \_\_\_\_\_)

: ss.:

COUNTY OF \_\_\_\_\_)

On the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_, before me, the undersigned, a Notary Public in and for said state, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within **Planning Year Statement of Assurance** and acknowledged to me that s/he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public - State of \_\_\_\_\_