



**2024-2025 PARTNERSHIP SCHOOL CONTRACT
 40% PAYMENT REQUEST FOR FUNDS FORM
 JULY 20TH**

SCHOOL NAME		
SITE NUMBER		
THE FOLLOWING ITEMS MUST BE RECEIVED AND APPROVED BY THE DEPARTMENT OF CONTRACTED SERVICES PRIOR TO DISBURSEMENT OF 40% PAYMENT:	SCHOOL OFFICIAL INITIALS	CSS INITIALS
Signed Contract		
List of School Governing Body		
Appendix A: Contractor Pupil and Teacher Schedule		
Title I (Title III if applicable) Expenditure Claim Report FY24 (DUE July 15th)		
Current Staff List with Background Checks for all Employees and Volunteers		
Current and Appropriate License or Permit Issued by the Wisconsin Department of Public Instruction to Teach Assigned Classes		
Appendix B: Contractor Program Description		
Table of Command (Agency Organizational Chart)		
Table of Leadership (School Level Organizational Chart)		
FY24 Grades Entered on MPS Student Information System (DUE June 14th)		
Proof of Valid Occupancy Permit for Public School Use		
Proof of Completion of an Asbestos Management Plan (AHERA Compliance Requirements)		
All Bonds and Certificates of Insurance Uploaded in EXIGIS: EXPIRES <input type="checkbox"/> Workers Compensation-Statutory Limits <input type="checkbox"/> Employer's Liability-Bodily Injury by Accident \$100,000 per occurrence <input type="checkbox"/> Employer's Liability-Bodily Injury by Disease \$500,000 policy limit <input type="checkbox"/> Employer's Liability-Bodily Injury by Disease \$100,000 per employee <input type="checkbox"/> Commercial General Liability-\$1,000,000 per occurrence/\$2,000,000 aggregate <input type="checkbox"/> CGL-Personal & Advertising Injury Limit \$1,000,000 per occurrence <input type="checkbox"/> CGL-Products -Completed Operations \$2,000,000 aggregate <input type="checkbox"/> CGL Medical Expense \$5,000 <input type="checkbox"/> Auto Liability-Combined Single Limit \$1,000,000 each accident <input type="checkbox"/> Umbrella (excess Liability)-\$4,000,000 per occurrence/\$4,000,000 aggregate <input type="checkbox"/> Fidelity Bond/Crime Insurance-50% Value of Contract <input type="checkbox"/> School Leader's Errors & Omissions-\$1,000,000 per occurrence/\$2,000,000 aggregate (Directors and Officers Insurance may be used in lieu of School Leader's		

*Please note that any requests for extensions must be made in writing to the Department of Contracted School Services.

**Also, please be advised that until further notice all payments will be made via U.S. Mail. Personal pickup or check exchanges will not be permitted.

E&O) provided that the Insurance Company shows proof that all employees and volunteers are protected by the coverage. <i>*Note: All policies, with the exception of the School Leader's Errors and Omissions Policy, shall be written on an occurrence form.</i>		
Final FY24 12 th Grade Graduation Data		
MPS Invoices Verification		
Other Items as Determined by Contracted School Services: <input type="checkbox"/> _____		

SIGNATURE REQUIRED BELOW

I certify that the items initialed above are complete and accurate and have been submitted to CSS. I further understand that per the terms of the Contract, payment is not due before July 20th and I understand that failure to submit all of the required documentation or incomplete or inaccurate documentation may result in delay in payment as payment is based upon not only receipt, but also CSS approval of all necessary documentation. In the event that payment is delayed due to missing, incomplete or inaccurate documentation, CSS will provide Charter School with written notification of deficiencies.

School Representative (Print)

Signature

Date

Contracted School Services (Print)

Signature

Date

This checklist, along with accompanied documents, may be submitted via email to Lisa Haar at haarlx@milwaukee.k12.wi.us.