

——— THE GOVERNOR JOHN ENGLER ———  
**CENTER FOR CHARTER SCHOOLS**  
 ——— CENTRAL MICHIGAN UNIVERSITY ———

**Educational Service Provider Information Sheet**  
**Exhibit B**

Pursuant to Section A, Academy Board Due Diligence, of the Educational Service Provider (“ESP”) Policies established by The Governor John Engler Center for Charter Schools (“Center”) at Central Michigan University, prior to executing an agreement with an ESP, the Academy Board shall perform sufficient due diligence to establish that the ESP has the appropriate financial resources, educational services and managerial experience to provide the contracted services. Prior to contracting with an ESP, the Academy Board shall obtain sufficient information to conclude that the ESP Agreement is in the best financial and educational interest of the Academy. At a minimum, and prior to the execution of an ESP Agreement, the Academy Board shall provide the following information to the Center:

ESP Name: \_\_\_\_\_

ESP Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

In the spaces below (or on a separate sheet), please list the names of all ESP owners, shareholders, directors and or officers.

Name	Phone Number	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate the organizational structure of the ESP:

For Profit

State of Incorporation: \_\_\_\_\_

Non-Profit

Has the ESP obtained authorization to do business in Michigan?  Yes  No

Limited Liability Corporation

Other: \_\_\_\_\_

In the space below, provide the following information on the ESP’s primary banking institution:

Bank Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

In the space below, provide the following information on the ESP’s legal counsel:

Firm Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

In the space below, provide the following information on the firm providing accounting or auditing services to the ESP:

Firm Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

*Attach a copy of the Academy Board’s draft legal opinion (according to Exhibit A), certifying to the University that the Academy Board has fulfilled all obligations as required in the ESP Policies.*