Jefferson Parish Schools

# Eligibility Documentation

Charter applicants must complete this form to establish eligibility.

## Proposal Overview Form

**The Proposal Overview Form is part of Eligibility Determination and must be submitted.**
Submitted documentation should include only the information requested below, saved in a single PDF file

| NONPROFIT INFORMATION | | | | | |
|---|---|---|---|---|---|
| **Name of Nonprofit Applicant:** (as registered with the Louisiana Secretary of State) | | | | | |
| **Application Type (circle one):** | **Type 1** | **Type 2** | **Type 3** | **Type 4** | **Type 5** |
| **Operator Track (circle one):** | **New Operator** | | **Experienced Operator** | | |
| **If applying to BESE for a Type 2 charter school, please indicate your eligibility pathway (circle one):** | | | | | |
| Local school board denial as a Type 1 or Type 3 | Current Type 1 or Type 3 appealing to become a Type 2 | Direct submission due to operation within a local school system in academic crisis, per Bulletin 111, §4901 | Direct submission due to operating within a local district with a DPS of "D" or "F" | Direct submission as a Corporate Partnership | Direct submission as a Vocational and Technical (Vo-Tech) School |

**If applying to BESE for a Type 2 charter school, submit as an attachment to this document the following applicable evidence:**

1. Evidence of the local school board not complying with the requirements of Bulletin 126 §306;
2. Evidence of the most recent charter application being denied by a motion or resolution of the local school board;
3. Evidence of conditions that have been provided are unacceptable to the group;
4. Evidence of the local school board has made no final decision following timelines established by BESE;
5. Evidence that the local school system that the charter school intends to operate in is in academic crisis, as defined Bulletin 111, §4901;
6. Evidence that the local school system that the charter school intends to operate in has received a letter grade designation of "D" or "F".
7. Evidence of the Corporate Partnership, as indicated by a draft Memorandum of Understanding with the school outlining the ways in which businesses would be involved in providing support.
8. Evidence the Vocational and Technical School is aligned with high-demand and high-wage jobs, as evidenced by a resolution adopted by a majority of State Board of Commerce and Industry.

**If applying to BESE for a Type 5 charter school, submit as an attachment to this document all of the following:**

1. Evidence of being organized as a nonprofit corporation under Chapter 2 of Title 12 of the *Louisiana Revised Statutes*, Nonprofit Corporation Law
2. Evidence of being recognized or as having applied for recognition as a nonprofit corporation under applicable federal law
3. Evidence that the application includes a person, whether a natural person or artificial entity, who or which has at least five years of significant experience operating or working for or with a person who operates a public, private, or charters school; a public or private postsecondary institution; or a for-profit business or a nonprofit entity which provides academic instruction to students.

# Proposal Overview Form

| PRIMARY CONTACT INFORMATION | |
|---|---|
| **Name:** | |
| **Address:** | |
| **Phone:** | |
| **Email:** | |

| SCHOOL LEADER INFORMATION | |
|---|---|
| **Proposed School Leader Name: (if identified)** | |
| **Proposed School Leader's Current Job/Position:** | |

| SCHOOL INFORMATION | |
|---|---|
| **Proposed School Name:** | |
| **Proposed Opening Year:** | |
| **Grades Served Year 1:** | |
| **Grades Served at Capacity:** | |

# ENROLLMENT PROJECTION FORM

**Provide the following information for each school included in this proposal. Specify the planned year of opening for each (duplicating the table as needed). Portions of this form may not be applicable to Type 3 applicants.**

| | |
|---|---|
| **School Name:** | |
| **Proposed School Location (include parish):** | |
| **Admission Requirements, if any:** | |
| **Enrollment Preferences:** | |

| GRADE LEVEL | NUMBER OF STUDENTS | | | | | |
|---|---|---|---|---|---|---|
| | Year 1: | Year 2: | Year 3: | Year 4: | Year 5: | Year at Capacity: |
| Pre-K | | | | | | |
| K | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
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| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| Minimum Enrollment | | | | | | |
| Budgeted Enrollment | | | | | | |
| Maximum Enrollment | | | | | | |
| Enrollment at 120% | | | | | | |

# ENROLLMENT PLANS

**What is your minimum operating enrollment? What adjustments to the budget, staffing, and/or academic model would be made to accommodate this minimum enrollment?**

# SCHOOL MANAGEMENT FORM

## Key Terms

| TERM | DEFINITION (La Bulletin 126) |
|---|---|
| **Charter Network** | • A non-profit entity that manages or operates two or more charter schools.<br>• Refer to Network Operator Addendum |
| **Charter Operator** | • The non-profit corporation or school board authorized to operate a charter school. |
| **Education Service Provider/Charter Management Organization** | • Any third-party entity, whether non-profit or for-profit, that provides comprehensive education management services to a school via contract with the school governing board.<br>• A for-profit company that manages academic, fiscal, and operational services on behalf of boards of directors of BESE-authorized charter schools through contractual agreements.<br>• NOTE: A CMO is a type of ESP; if there is/will be a contract in place between a separate entity and the governing board for management services, then the proposed school is contracting with an ESP/CMO and the ESP/CMO Addendum is required at the time of application. |

## Do any of the following describe your organization or any of the school(s) proposed in this application? (check if applicable).

| | |
|---|---|
| | **Will contract or partner with an education service provider (ESP) or charter management organization (CMO) to provide school management services.**<br><br>***If so, identify the provider and attach the draft service agreement:***<br><br>***Please Note: If partnering with an ESP/CMO, the ESP/CMO Addendum is required with application.*** |
| | **Will operate as an existing network or will create a network.**<br><br>***Please Note: If operating as an existing network or creating a network, the Network Operator Addendum is required with application.*** |
| | **Will have a corporate partner as defined in LA R.S. 17.3991.1.**<br><br>***If so, identify the corporate partner and attach the draft Memorandum of Understanding (MOU):***<br><br>***Please Note: If partnering with a corporate partner, the Corporate Partnership Addendum is required with application.*** |
| | **Will reflect the conversion of an existing public school or new school operated as a charter between a local school board and BESE (Type 4 application).**<br><br>***If so, identify the school system:*** |
| | **The applicant was denied by the local school district in the most recent cycle.**<br><br>***If so, please identify the district, date of denial, and attach evidence of the motion or resolution:*** |
| | **The applicant has previously participated in the BESE charter application process.**<br><br>***If so, please identify the year(s):*** |
| | **Already operates schools in Louisiana or elsewhere in the US.**<br><br>***Indicate which state(s) below:*** |

# Certification

I certify that I have the authority to submit this application and that all information contained herein is complete and accurate. I recognize that any misrepresentation could result in disqualification from the application process or revocation afterward. The person named as the contact person for the application is so authorized to serve as the primary contact for this application on behalf of the organization.

| **Signature of Application Primary Contact:** | **Date:** |
|---|---|
| **Print Name & Title of Application Primary Contact:** | |

# TEACHER ELIGIBILITY FORM

Louisiana state law requires that all groups submitting charter applications involve a minimum of three Louisiana teachers certified by the State Board of Elementary and Secondary Education (BESE) in the development of their application.

**Please use this form to identify the certified teachers participating in the development of this application.** *Also, please be sure to include a copy of current LA Teacher Certifications for the teachers listed.*

| | Full Name | Full Address | Email | Certificate Number |
|---|---|---|---|---|
| 1 | | | | |
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# BOARD MEMBER ROSTER

Please list all proposed board members for the nonprofit applying to open this school. To be eligible to apply, applicants are required to have at least three board members. State law requires a minimum of seven board members to execute a valid charter agreement at all times that a charter school is operational. Board members should have a diversity of professional skills and expertise in areas including education, organizational operations, community development, finance, law, and facilities/real estate.

The evaluation team will use this roster to check for potential conflicts of interest before reviewing an application and to verify eligible team members to participant in a capacity interview. There are several bases for conflict of interest: employment, financial benefit, personal relationships, professional relationships, or other interests. If applicable, any one condition may serve to disqualify a reviewer from participating in the review of an application or proposal. A conflict of interest may be real or apparent.

- **Resumes:** Please include a current resume for all board members identified.
- **Background Checks:** All New Operators and Experienced Operators not currently operating a charter school in Louisiana must submit Criminal History Record Information (CHRI) to the Agency requesting fingerprint/name-based criminal background checks for each board member identified with the submission of the full application.

| Name of Nonprofit Applicant (as registered with Louisiana Secretary of State): |
|---|
| |

| | Full Name | Full Address | Email | Certificate Number (If applicable) |
|---|---|---|---|---|
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# SCHOOL LEADERSHIP ROSTER

School Leadership Roster should include all identified or hired school leadership team members. The evaluation team will use this roster to verify eligible team members to participant in a capacity interview.

**Please use this form to identify all identified or hired school leadership team members participating in the development of this application.**

| | Full Name | Full Address | Email | Certificate Number |
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# APPLICANT TEAM ROSTER

The Applicant Team Roster should include any individual who participated in the creation of the application.

| Name | Title | Position within Application | Email Address |
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