



Jefferson Parish Schools

Charter Applicant Eligibility Documentation

Proposal Overview Form

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

| Non-Profit Information | | | |
|--|---|---|---|
| Name of Nonprofit Applicant (as registered with Louisiana Secretary of State) | | | |
| Application Type | <u>Type 1</u> <input type="checkbox"/> | <u>Type 3</u> <input type="checkbox"/> | |
| Instruction Location. Mark whether instruction will be primarily site based (in person, in a school building) or virtual (computer based). | <u>Site Based</u> <input type="checkbox"/> | <u>Virtual</u> <input type="checkbox"/> | |
| If a Type 1 Applicant, please select your preferred proposal type | <u>New Start</u> <input type="checkbox"/> | <u>Transformation – Full Takeover</u> <input type="checkbox"/> | <u>Transformation – Reconfiguration</u> <input type="checkbox"/> |
| Operator Track | | <u>New Operator</u> <input type="checkbox"/> | <u>Experienced Operator</u> <input type="checkbox"/> |
| Primary Contact Information | | | |
| Name | | | |
| Address | | | |
| Phone | | | |
| Email | | | |
| School Leader Information | | | |
| Proposed school leader name (if identified) | | | |
| Proposed school leader current job/position | | | |
| List any principal/leadership programs the proposed leader is currently enrolled in or have completed (e.g., NLNS, BES, etc.) | | | |
| School Information | | | |
| Proposed School Name | | | |
| Opening Year (School Year 2022-23 or Beyond) | | | |
| Grades served Year 1 | | | |
| Grades served at capacity | | | |



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Charter Applicant Eligibility Documentation Enrollment Projection Form

Provide the following information for each school included in this proposal.

Specify the planned year of opening for each (The table may be duplicated, as needed).

| | |
|--|--|
| School Name: | |
| Proposed School Location: | |
| Focus Programs, if any: | |
| Enrollment Preferences, if any: | |

| Grade Level | Number of Students | | | | | |
|---------------------|--------------------|---------|---------|---------|---------|-------------------|
| | Year 1: | Year 2: | Year 3: | Year 4: | Year 5: | Year at Capacity: |
| Pre-K | | | | | | |
| K | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
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| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| Minimum Enrollment | | | | | | |
| Budgeted Enrollment | | | | | | |
| Maximum Enrollment | | | | | | |



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Enrollment Projection Form

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? *The table may be duplicated, as needed.*



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School Management Form

Do any of the following describe your organization or any of the school(s) proposed in this application?

| | |
|--|--|
| | <p>Will contract or partner with an education service provider (ESP) or other organization to provide school management services. <i>If so, identify the provider:</i></p> |
| | <p>Will have a corporate partner as defined in LA R.S. 17.3991.1. <i>If so, identify the partner:</i></p> |
| | <p>The applicant has previously participated in the JPS charter application process. <i>If so, please identify the year(s):</i></p> |
| | <p>The applicant has previously participated in the BESE charter application process. <i>If so, please identify the year(s):</i></p> |
| | <p>Already operates schools in Louisiana or elsewhere in the US. <i>Indicate which state(s) below:</i></p> |

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



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Charter Applicant Eligibility Documentation Assurances Form

Please review the statements below and indicate whether each is true, and will hold true if the application is approved. *If the answer to any item above is “No”, please submit a statement of explanation.*

| | Yes | No |
|---|-----|----|
| 1. The school and/or governing organization is currently registered as a nonprofit and is listed as in good standing with the Louisiana Secretary of State | | |
| 2. The school is not affiliated with any religious organization and does not support nor engage in any religious activities | | |
| 3. The school and/or governing organization does not have any liens, litigation history and/or sanctions from any local, state and/or federal regulatory agency against the nonprofit corporation | | |
| 4. The school and/or governing organization does not have the same or substantially the same board of directors and/or officers as an existing private school | | |
| 5. The school does not draw a substantial portion of the employees from an existing private school | | |
| 6. The school does not receive a substantial portion of assets or property from an existing private school | | |
| 7. Will your school seek approval to operate within JPSB’s LEA for federal funding and compliance purposes? | | |
| 8. The school is not located at the same site as an existing private school | | |

Certification

I certify that I have the authority to submit this application and that all information contained herein is complete and accurate, realizing that any misrepresentation could result in disqualification from the application process or revocations after award.

Signature of Board Chair

Date

Print Name of Board Chair, Charter Governing Board



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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 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.

| | Name | Full Address | Email | Certificate Number |
|----|------|--------------|-------|--------------------|
| 1 | | | | |
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| 19 | | | | |



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Board Member Roster

Please list all the proposed board members for the non-profit applying to open this school. In order to be eligible to apply, applicants are required to have at least three board members. In order to be eligible for final Board approval, applicants are required to have five board members at the time of application submission. State law requires a minimum of seven board members in order to execute a valid charter agreement, and 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.

Resumes: Please include a current resume for all board members identified with this document

Background Checks: All New Operators and Experienced Operators *not* currently operating a charter school in Louisiana must submit LA State Background checks for each board member identified within the submission of the full application by March 19, 2021.

Name of Non-Profit Applicant (as registered with Louisiana Secretary of State): _____

| | Name | Street Address | Zip Code | Phone | Email | Expertise |
|----|------|----------------|----------|-------|-------|-----------|
| 1 | | | | | | |
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