|  |  |
| --- | --- |
| GreatSealHawaii_Large.jpg | **State Public Charter School Commission**  **2018 Intent to Apply Packet** |
|  |  |

# INTENT TO APPLY PACKET

## Cover Sheet

|  |
| --- |
| **Proposed School Name** |
| Name: Click or tap here to enter text. |
| **Primary Contact Information** |
| Name:Click or tap here to enter text. |
| Mailing Address:Click or tap here to enter text. |
| Phone:Click or tap here to enter text. |
| Email:Click or tap here to enter text. |

Type of charter school (select one)

|  |  |
| --- | --- |
|  | 1. Start-up charter school, as defined in HRS Chapter 302D |
|  | 1. Conversion charter school, as defined in HRS Chapter 302D   Name of DOE school to be converted: Click or tap here to enter text. |

Type of applicant group to establish an Applicant Governing Board (select one)\*

|  |  |
| --- | --- |
|  | 1. Community group |
|  | 1. Group of teachers |
|  | 1. Group of teachers and administrators |
|  | 1. DOE school *(conversion charter school applications only)* |
|  | 1. School community council *(conversion charter school applications only)* |
|  | 1. Nonprofit organization *(components 4-7 of the Intent to Apply Packet listed below are required)*\*\*   Name of nonprofit organization: Click or tap here to enter text. |

Submit the following mandatory components of the Intent to Apply Packet:

|  |  |
| --- | --- |
|  | 1. Completed Intent to Apply Packet Cover Sheet |
|  | 1. Completed and executed Intent to Apply School Summary form |
|  | 1. A resolution from the Applicant Governing Board approving the execution of the Intent to Apply Packet |
|  | 1. Proof of nonprofit registration with the Hawaii Department of Commerce and Consumer Affairs and a Certificate of Good Standing *(applicable only if applicant type is nonprofit organization)* |
|  | 1. Copy of the Articles of Incorporation for the nonprofit *(applicable only if applicant type is nonprofit organization)* |
|  | 1. Copy of IRS tax-exempt certification - OR - acknowledgement letter from the IRS regarding the tax status of the nonprofit *(applicable only if applicant type is nonprofit organization)* |
|  | 1. A resolution from the nonprofit’s board approving the establishment of an Applicant Governing Board *(applicable only if applicant type is nonprofit organization)* |

\*Only applicant group types listed are eligible to establish an Applicant Governing Board.

\*\*Only nonprofit organizations that provide components 4-7 are eligible to establish an Applicant Governing Board.

## Intent to Apply School Summary

**Describe the Applicant Governing Board, proposed school, and the nature of the plan to be presented in this application. The Applicant Governing Board must have members with academic management, financial management, human resources, and fundraising expertise to be eligible to submit an application.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Proposed School** | | | | | | | | | | |
| Name: Click or tap here to enter text. | | | | | | | | | | |
| Geographic Location:Click or tap here to enter text. | | | | | | | | | | |
| Location(s) of Anticipated Student Population: Click or tap here to enter text. | | | | | | | | | | |
| Grades Served Year 1 (SY 2020-2021): Click or tap here to enter text. | | | | | | | | | | |
| Grades Served at Capacity: Click or tap here to enter text. | | | | | | | | | | |
| **School Director** | | | | | | | | | | |
| Name *(if identified)*: Click or tap here to enter text. | | | | | | | | | | |
| Current job/position: Click or tap here to enter text. | | | | | | | | | | |
| **Applicant Governing Board Members** | | | | | | | | | | | |
| Name: Click or tap here to enter text. | | Email: Click or tap here to enter text. | | | | Academic management expertise | | | | | |
| Name: Click or tap here to enter text. | | Email: Click or tap here to enter text. | | | | Financial management expertise | | | | | |
| Name: Click or tap here to enter text. | | Email: Click or tap here to enter text. | | | | Human resources expertise | | | | | |
| Name: Click or tap here to enter text. | | Email: Click or tap here to enter text. | | | | Fundraising expertise | | | | | |
| Name: Click or tap here to enter text. | | Email: Click or tap here to enter text. | | | | Other governance expertise (*specify*): | | | | | |
| Name: Click or tap here to enter text. | | Email: Click or tap here to enter text. | | | | Other governance expertise (*specify*): | | | | | |
| Name: Click or tap here to enter text. | | Email: Click or tap here to enter text. | | | | Other governance expertise (*specify*): | | | | | |
| Name: Click or tap here to enter text. | | Email: Click or tap here to enter text. | | | | Other governance expertise (*specify*): | | | | | |
| Name: Click or tap here to enter text. | | Email: Click or tap here to enter text. | | | | Other governance expertise (*specify*): | | | | | |
| Name: Click or tap here to enter text. | | Email: Click or tap here to enter text. | | | | Other governance expertise (*specify*): | | | | | |
| Name: Click or tap here to enter text. | | Email: Click or tap here to enter text. | | | | Other governance expertise (*specify*): | | | | | |
| Name: Click or tap here to enter text. | | Email: Click or tap here to enter text. | | | | Other governance expertise (*specify*): | | | | | |
| **Anticipated Student Population** | | | | | | | | | | |
| Describe the student population you anticipate serving. | | | %FRL: | Click or tap here to enter text. | | | % SpEd: | Click or tap here to enter text. | % ELL: | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | | | | | | | | | | |
| **Proposed School Description** | | | | | | | | | | | |
| School Model Specialty (check all that apply) | Alternative  Arts  Career and Technical Education  Cultural Focus (*specify*):  Disability (*specify*): | | | | Language Immersion (*specify*):  Montessori  STEM  Virtual or Blended Learning  Other (*specify*): | | | | | | |
| In 100 words or less, describe the mission and vision of your proposed school | Click or tap here to enter text. | | | | | | | | | | |

**School Enrollment Projection**

|  |
| --- |
|  |
| **Academic Year** | | **Projected #**  **of Students** | **Grade Levels Served** |
| Year 1 (2020-2021) | |  |  |
| Year 2 (2021-2022) | |  |  |
| Year 3 (2022-2023) | |  |  |
| Year 4 (2023-2024) | |  |  |
| Year 5 (2024-2025) | |  |  |
| At Capacity  (specify year): \_\_\_\_\_\_\_\_ | |  |  |

|  |  |
| --- | --- |
| Do any of the following describe the applicant governing board or the school to be proposed in the application? | |
|  | Will contract or partner with an Education Service Provider, Charter Management Organization, or other organization to provide school management services. |
|  | Already operates schools in Hawaii. |
|  | Already operates schools elsewhere in the United States. |

If any of the boxes above are checked, fill out the table below.

|  |  |
| --- | --- |
| **Partner Information** *(if applicable)* | |
| Education Service Provider or Charter Management Organization (includes existing charter school operators) | Name: Click or tap here to enter text.  Primary Contact: Click or tap here to enter text.  Mailing Address: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Email: Click or tap here to enter text. |

Does the applicant, any members of the applicant governing board, or any partners of the applicant have charter school applications under consideration by any other authorizer(s) in the U.S.?

Yes (*if so, complete this table, adding lines as needed)*  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State** | **Authorizer** | **Proposed School Name** | **Application Due Date** | **Decision Date** |
|  |  |  |  |  |
|  |  |  |  |  |

Does the applicant, any members of the applicant governing board, or any partners of the applicant have any new schools scheduled to open in the U.S. in the next five years?

Yes (*if so, complete this table, adding lines as needed)*  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State** | **Authorizer** | **Proposed School Name** | **Grades Served** | **Opening Date** |
|  |  |  |  |  |
|  |  |  |  |  |

**Certification**

I certify that I have the authority granted by the Applicant Governing Board to submit this application and that all information contained herein is complete and accurate and that a copy of the governing board resolution approving the execution of the Intent to Apply Packet is attached. I recognize that any misrepresentation could result in disqualification from the application process or revocation after award. 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 Applicant Governing Board.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature of Application Primary Contact** |  | **Date** |
|  |  |  |
| **Title** |  |  |