# Colorado Charter Schools Program Start-Up Grant

# Eligibility Form

Eligibility Form will be due **by**

**11:00 AM** on **Tuesday, August 27, 2013** for Tier I

**or**

**11:00 AM** on **Tuesday, January 14, 2014** for Tier II

to:

[**SOC@cde.state.co.us**](mailto:SOC@cde.state.co.us) **& CompetitiveGrants@cde.state.co.us**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Required Information: | | | | | | | | |
| Name of Charter School | | | | | | | | |
| Required Information: | | | | | | | | |
| Name, Title of Grant Contact Person | | | | | | | | |
| Phone | | | | | Email | | | |
| Charter Authorizer: | | | | | | | | |
| Charter School Institute  Local school district: (list name) | | | | | | | | |
| Required Information: | | | | | | | | |
| **Type of Eligible Applicant:**  New Charter School  One-Time, Significant Expansion | | | | | | | | |
| Origin of Charter School (check all that apply) Grassroots Start-Up  Public school conversion  mandatory  voluntary  Private school conversion  Replication  Expansion  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* Schools with an Educational Service Provider (ESP), Charter Management Organization (CMO), Education Management Organization (EMO), or Charter Collaborative, please attach a copy of your proposed performance agreement. | | | | | | | | |
| **Charter Status**  Approved Charter Application  Charter application submitted, but not approved  We have a fully executed, signed charter contract  Yes  No  Projected date of contract \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  We understand that we will not be awarded grant funds until a contract between the school and Authorizer has been executed and signed. Evidence of a signed contract must be provided prior to funding. | | | | | | | | |
| Year School Started / Will Start: | | | | | Year Charter Expires / Will Expire: | | | |
| Accreditation level of applicant school, from School Performance Framework  *(for expanding schools only)*    Performance  Improvement  Priority Improvement  Turnaround  N/A | | | | | | | | |
| Previous Colorado Charter Schools Program Grant(s) *(for replication or expansion schools only)*  Campus Award Years Total Amount Current SPF Rating  \_ | | | | | | | | |
| October 1 Count or Projected Enrollment | | | | | | | | |
| 2012-13 | | Pre-K: | **K-12 Total:** | Grades K-5: | | | Grades 6-8: | Grades 9-12: |
| 2013-14 | | Pre-K: | **K-12 Total:** | Grades K-5: | | | Grades 6-8: | Grades 9-12: |
| 2014-15 | | Pre-K: | **K-12 Total:** | Grades K-5: | | | Grades 6-8: | Grades 9-12: |
| 2015-16 | | Pre-K: | **K-12 Total:** | Grades K-5: | | | Grades 6-8: | Grades 9-12: |
| Autonomy: | | | | | | | | |
| [In this box, briefly describe how this charter school will operate autonomously from the Authorizer. Specifically address financial decision-making and business operations, services purchased from the district or a third party, charter school governing board members not associated with the school district, and legal independence.] | | | | | | | | |
| Steering Committee and/or Governing Board Members: | | | | | | | | |
| [In this box, list steering committee or board members for this charter school. For each person, explain their expertise, role on the board (e.g. community member, parent), and board title (e.g. president, secretary). Describe the expertise each brings to the board.] | | | | | | | | |
| Lottery and Enrollment Policy: | | | | | | | | |
| Attach the charter school’s Lottery Policy. Make sure it addresses the criteria listed in the Lottery and Enrollment Requirements section of the RFP. Include answers to the following questions:   1. How was/will the community (be) notified of the charter school’s opening? 2. What is/will be the date of the first, and thereafter annual, lottery? 3. Were/Will any students (be) given priority notice or guaranteed admission? 4. How does the charter school define “founder”, “teacher”, and “staff” in terms of its lottery/enrollment policy? What percentage of students were/will be exempted from the lottery as children of founder families? Of teacher and staff families? 5. Has the school opted for any other exemptions from its lottery, or for a weighted lottery? If so, please explain. | | | | | | | | |
| **Conversion Schools:**  (complete only if applicable) | | | | | | | | |
| [In this box, explain how this charter school will be significantly different than the previous school. Provide information on personnel, curriculum, school day, school year calendar, business operations, philosophical changes and any other changes that make this a “new” charter school. ] | | | | | | | | |
| **Replication Schools:** (complete only if applicable) | | | | | | | | |
| [In this box, provide an explanation of how the new campus school meets the definition of a new charter school under the ESEA definition and is “separate and distinct” as described in the Eligible Applicants section of the RFP. Minimally, each of the listed criteria should be addressed, but additional information may also be helpful to explain the new school’s status.  In addition, the State has determined that only charter schools demonstrating the following criteria for replication may apply for grant funding:  Approval from the charter Authorizer as evidenced by an executed charter contract specifically granting a separate campus. (A grant application may be submitted, with Schools of Choice Office approval, if there is an application pending with an authorizer.] | | | | | | | | |
| Expansion Schools: (complete only if applicable) | | | | | | | | |
| Grade levels of original charter contract:  Current Grade levels:  Grade level additions to be supported by this grant:  Enrollment numbers for original charter:  Date of original charter contract: | | | | | | | | |

Schools of Choice Office

Colorado Department of Education

201 East Colfax Avenue, Room 302

Denver, CO 80203-1799