# Colorado Charter Schools Program Grant

# Intent to Submit Form

**Instructions:** Completing this Intent to Submit Form does not obligate the charter school in any way, but will provide useful information to the Colorado Department of Education in preparing for the grant review process. Returning the Intent to Submit Form will place you on an email distribution list for any grant-related updates.

**Name of Charter School:**

**School Mailing Address:**

**Grant Contact Person:**

**Telephone:**

**Email:**

**Name of Authorizer** (School District or CSI)**:**

**Authorizer Charter Management Contact:**

**Telephone:**

**Email:**

**Are you an organization, such as a CMO, EMO, Collaborative or ESP applying for a CCSP Grant on behalf of a school? If so, please specify:**

**Please identify your school model (check all that apply):**

* Arts/Performing Arts
* Alternative Education Campus
* Blended Learning
* Classical
* College Prep
* Competency-based
* Core Knowledge

Intent to Submit is due **by**

**11:00 AM** on **Wednesday, August 26, 2015**

to:

**SOC@cde.state.co.us** **&** **CompetitiveGrants@cde.state.co.us**

* Dual Language
* Early College
* Expeditionary Learning
* Gifted & Talented
* Inclusion
* International Baccalaureate
* Language Immersion
* Online
* Montessori
* Place-based
* Project-based
* Single Gender
* STEM/STEAM
* Trade School
* Waldorf

# Colorado Charter Schools Program Grant

# Eligibility Form

Eligibility Form is due **by**

**11:00 AM** on **Wednesday, August 26, 2015**

to:

**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 (no affiliation)[ ]  Public school conversion [ ]  mandatory [ ]  as part of a turnaround plan [ ]  by order of State Review Panel /State Board of Education [ ]  voluntary[ ]  Private school conversion[ ]  Replication, Network/Collaborative/CMO/EMO affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Expansion[ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* Schools with an Educational Service Provider (ESP), Charter Management Organization (CMO), Education Management Organization (EMO), or Charter Collaborative that will manage all or part of your educational program, please attach a copy of your proposed performance agreement. |
| **Charter Status** [ ]  Approved Charter Application. Grade levels approved:  [ ]  Charter Application submitted, but not approved. Date submitted: [ ]  Will submit Charter Application on the following date: [ ]  Renewal Application submitted for replication or expansion, but not approved. Date submitted:We have a fully executed, signed charter contractYes [ ]  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 replication & 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 (Actual) or Projected Enrollment |
| 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: |
| 2016-17 | Pre-K: | **K-12 Total:** | Grades K-5: | Grades 6-8: | Grades 9-12: |
| 2017-18 | Pre-K: | **K-12 Total:** | Grades K-5: | Grades 6-8: | Grades 9-12: |
| 2018-19 | Pre-K: | **K-12 Total:** | Grades K-5: | Grades 6-8: | Grades 9-12: |
| Autonomy: |
| Briefly describe how this charter school will operate autonomously from the Authorizer. Specifically address the following:financial decision-making and business operationsservices purchased from the district or a third partycharter school governing board members are not associated with the school districtlegal independence. |
| Steering Committee and/or Governing Board Members: |
| List steering committee or board members for this charter school. For each person include the following:1. Name
2. Email
3. Role on the board (e.g. community member, parent)
4. Board title (e.g. president, secretary)
5. Describe the expertise each brings to the board.
 |
| Lottery and Enrollment Policy: |
| Please attach the proposed Lottery and Enrollment policy for the school. The following elements must be addressed within this policy:1. How the community was/will be notified of the charter school’s opening
2. The date of the first, and thereafter annual, lottery
3. The charter school’s definition of “founding family” and the percentage of students to be enrolled as children of founding families
4. The charter school’s definition of “staff” and the percentage of students to be enrolled as children of staff members
5. The processes and procedures that will guide how the lottery will be conducted
6. Which students will be given priority notice or guaranteed admission

Proposed weights to be used for educationally disadvantaged groups |
| **Conversion Schools:**  (complete only if applicable) |
| 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) |
| 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 or student capacity 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 210

Denver, CO 80203-1799

# Colorado Charter Schools Program Grant

# Agreement of Understanding for Writing Consultant

Complete and Email to **SOC@cde.state.co.us**

This document establishes an agreement between the Colorado Department of Education’s Colorado Charter Schools Program and the applicant Charter School listed below concerning provision of a Grant Writing Consultant for the CCSP Grant application.

As a representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charter School, applying for Colorado Charter Schools Program Grant funds, I understand that by using a Writing Consultant contracting with the Colorado Department of Education, my Charter School’s grant application is not guaranteed funding, funding at the level requested, or a fundable score in any category. Additionally, I understand that the school’s grant application is limited to two review submissions, in its entirety, by the Writing Consultant, not to exceed eight hours of total consultation. I understand that if my first draft submission is not submitted by September 18, 2015, that my draft will only be entitled to received one review. I also understand that drafts submitted after October 9, 2015, may not be reviewed. It is my responsibility, as a representative from my charter school, to discern whether or not recommendations or advice from the Writing Consultant will be taken into consideration.

I sign this as an authorized representative of the aforementioned charter school.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name

Schools of Choice Office

Colorado Department of Education

201 East Colfax Avenue, Room 210

Denver, CO 80203-1799