

Proposal Cover Sheet (New and Existing Operators)

Applicant Information

COMPLETE THIS PAGE ONLY ONCE REGARDLESS OF THE NUMBER OF SCHOOLS PROPOSED.

Name of applicant organization: Tunica County Charter School
 Primary contact person: Debra Smith
 Mailing address:
 Street/PO Box: P.O Box 2204
 City: Tunica State: MS Zip: 38676
 Phone Number: Day: 662-363-2001 Evening: (662)588-2000
 Email: burtondoroth@aol.com

Names, roles, and current employment of all persons on applicant team (add lines as needed):

Full Name	Current Job Title and Employer	Position with Proposed School
James Donaldson	Retired educator	Executive Director
Debra Smith	Executive Director/Bridge of Hope	Dean of Student Affairs
Arlondrea Hardman	Administrative assistant/Tunica Adult Daycare	Administrative Assistant

Do any of the following describe your organization, or the school/campuses proposed here?

- Seeks approval for multiple campuses under a single charter.
- Already operates schools elsewhere in the US.
- Will contract or partner with an education service provider. *If yes, include the provider's portfolio in answering the below questions regarding pending applications and school openings.*

If so, identify the provider:

- This provider already operates schools in this state or elsewhere in the US.

NOTE: If the applicant meets the definition of an existing operator, the applicant must complete the Existing operator application. If the applicant intends to contract with a third-party education service provider (ESP), the applicant must complete Addendum 3 for Education Service Providers. An ESP is any third-party entity that provides comprehensive education management services to a school via contract with the school's governing board.

Does this applicant team have charter school applications under consideration by any other authorizer(s) in the United States? Yes No

If yes, complete the table below, adding lines as needed.

State	Authorizer	Proposed School Name	Application Due Date	Decision Date

Does this applicant team have new schools or campuses scheduled to open in the United States in the next two school years? Yes No

If yes, complete the table below, adding lines as needed.

Planned School Name	City	State	Opening Date

Does this applicant team have new schools or campuses approved but scheduled to open in additional years? Yes No

If yes, complete the table below, adding lines as needed.

Authorizer	# of Schools	City(s)	State

School Information

COMPLETE THIS PAGE FOR EACH SCHOOL/CAMPUS INCLUDED IN THIS PROPOSAL. Duplicate as needed.

Proposed School/Campus Name		Grades served: year one	Grades served: capacity
Tunica County Charter Schools		4 th , 5 th , & 6 th	50 per grade
Proposed Location			
School District: <i>Identify the school district where the charter school will be located.</i>	Tunica, Mississippi		
Address of identified facility <i>if applicable:</i>	1530 Edward Avenue Tunica, MS. 38676		
Projected Demographic Information		%FRL:	%SpEd:
Model/Specialty <i>(check all that apply)</i>			
<input checked="" type="checkbox"/> Alternative	<input type="checkbox"/> Career and Technical Education	<input type="checkbox"/> Disability <i>(list):</i>	<input type="checkbox"/> Montessori
<input type="checkbox"/> Arts	<input type="checkbox"/> College Prep	<input type="checkbox"/> Language Immersion	<input type="checkbox"/> STEM
<input checked="" type="checkbox"/> Blended Learning	<input type="checkbox"/> Other <i>(list):</i>	<input type="checkbox"/> Military	

Proposed Principal/Head of School *(if known)*

Name of proposed candidate: _____

Current employment: _____

Phone Number: _____ *Day:* _____ *Evening:* _____

Email: _____

Campus Enrollment Projection:

Academic Year (specify)	Planned # of Students	Maximum # of Students	Grade Levels Served
Year one	50	150	4 th , 5 th & 6 th
Year two	50	150	4 th , 5 th & 6 th
Year three	50	150	4 th , 5 th & 6 th
Year four	50	150	4 th , 5 th & 6 th
Year five	50	150	4 th , 5 th & 6 th
At Capacity	50	150	4 th , 5 th & 6 th

LETTER OF INTENT

This letter of intent (LOI) serves to provide a formal notice to the Mississippi Charter School Authorizer Board (MCSAB) regarding our intention to submit a proposal for opening a charter school.

Name of applicant

organization: Tunica County Charter School

Primary contact person: Debra Smith

Mailing address:

Street/PO

Box: Post Office Box 2204

City: Tunica **State:** MS **Zip:** 38676

Phone Number: **Day:** (662)363-2001 **Evening:** (662)588-2000

Email: burtondoroth@aol.com

We plan to apply as a:

New operator Existing operator Conversion operator

Do any of the following describe your organization, or the school/campuses you will propose?

Seeks approval for multiple campuses under a single charter.

Already operates schools elsewhere in the US.

Will contract or partner with an education service provider.

If so, identify the provider:

This provider already operates schools in this state or elsewhere in the US.

Provide the names of all members of the applicant team (add lines as needed):

Full Name	Current Job Title and Employer	Position with Proposed School
Debra Smith	Executive Director of Bridge of Home	Dean of Students
Arlondrea Hardman	Administrative Assistant/Tunica Adult Daycare	Administrative Assistant

Provide the names of all members of the proposed governing board of the school (add lines as needed):

Full Name	Current Job Title and Employer	Position with Proposed School
Mechelli Mathews	Activity coordinator	Board Member
Lois Wesson	Personal assistant	Board Member
Alivia Bracey	Pre-K Teacher/Sunflower County Schools	Board Member

Provide the names of all members of the proposed leadership team of the school (add lines as needed):

Full Name	Current Job Title and Employer	Position with Proposed School
Debra Smith	Executive Director for Bridge of Home	Dean of Students
Arlondrea Hardman	Office Administrator/ Tunica Adult Daycare	Administrative Assistant
James Earl Donaldson	Retired Educator	Executive Director

COMPLETE THIS PART FOR EACH SCHOOL/CAMPUS YOU INTEND TO PROPOSE. Duplicate as needed.

Proposed School/Campus Name	Opening year	Grades served year one	Grades served at capacity
Tunica County Charter School	2016-17	4 th , 5 th , 6 th	50 per grade
Proposed Location			
School District: <i>Identify the school district where the charter school will be located.</i>	Tunica County School District		

Model/Specialty (check all that apply)			
<input checked="" type="checkbox"/> Alternative	<input type="checkbox"/> Career and Technical Education	<input type="checkbox"/> Disability (list):	<input type="checkbox"/> Montessori
<input type="checkbox"/> Arts	<input type="checkbox"/> College Prep	<input type="checkbox"/> Language Immersion	<input type="checkbox"/> STEM
<input checked="" type="checkbox"/> Blended Learning	<input type="checkbox"/> Other (list):	<input type="checkbox"/> Military	
Proposed School Description			
	Mission Statement		
Provide the mission statement of the proposed school.	Tunica County Charter School is to serve as a lighthouse of hope to Tunica County families and communities seeking a partnership with a school that will provide an academically rigorous, character building education.		
In 100 words or less, briefly describe the instructional focus of the proposed school.	Tunica County Charter School will supply each child with an individualized student success plan that incorporates stimulating lessons and strategies specially tailored toward their academic needs and goals. Teaching will occur in a nurturing and challenging classroom environment that extends beyond the rigorous pages of our curriculum and into the real world through practical and personal application. It is our goal to empower every child with the knowledge and critical thinking skills necessary to acquire a life-long love of learning and to enable them to exemplify the fundamental virtues central to becoming good citizens and future leaders of our nation.		

Certification

We understand that upon receipt of this letter and accompanying documentation, the MCSAB will evaluate our organization and applicant team against the legal eligibility requirements to determine whether we are eligible to hold a charter in the state of Mississippi.

We further understand that in order to be considered in this RFP cycle, we must submit a complete proposal by 3pm CST on May 10, 2016.

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

Debra Smith Dean of student affairs

Name, Role with Applicant Organization

Debra Smith
Signature

03/08/2016

Date