

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: InspireNOLA Charter Schools

Primary contact person: Emily Hartnett

Mailing address:

Street/PO Box: 3520 General DeGaulle Dr., Suite 4040

City: New Orleans State: LA Zip: 70114

Phone Number: Day: 504-322-8212 Evening: 504-322-8212

Email: emily.hartnett@inspirenolaschools.org

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
Charlie Mackles	Chief Financial Officer, InspireNOLA Charter Schools	Chief Financial Officer
Emily Hartnett	Executive Director of Strategy & Advancement, InspireNOLA Charter Schools	Executive Director of Strategy & Advancement

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
LA	East Baton Rouge Parish	TBD	3/4/16	6/2/16

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
InspireMS #1		K - 2	K - 8
Proposed Location			
School District: <i>Identify the school district where the charter school will be located.</i>		Jackson Public	
Address of identified facility <i>if applicable:</i>			
Projected Demographic Information		%FRL: 95%	%SpEd: 10% %ELL: 2%
Model/Specialty <i>(check all that apply)</i>			
<input 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 checked="" type="checkbox"/> College Prep	<input type="checkbox"/> Language Immersion	<input type="checkbox"/> STEM
<input 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 2017-18	Planned # of Students	Maximum # of Students	Grade Levels Served
Year one	225	243	K - 2
Year two	300	324	K - 3
Year three	375	405	K - 4
Year four	450	486	K - 5
Year five	525	567	K - 6
At Capacity	675	729	K - 8

Proposed School/Campus Name		Grades served: year one	Grades served: capacity
InspireMS #2		K - 2	K - 8
Proposed Location			
School District: <i>Identify the school district where the charter school will be located.</i>		Jackson Public	
Address of identified facility <i>if applicable:</i>			
Projected Demographic Information		%FRL: 95%	%SpEd: 10% %ELL: 2%
Model/Specialty <i>(check all that apply)</i>			
<input 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 checked="" type="checkbox"/> College Prep	<input type="checkbox"/> Language Immersion	<input type="checkbox"/> STEM
<input 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 2019-2020	Planned # of Students	Maximum # of Students	Grade Levels Served
Year one	225	243	K – 2
Year two	300	324	K – 3
Year three	375	405	K – 4
Year four	450	486	K – 5
Year five	525	567	K – 6
At Capacity	675	729	K – 8

Proposed School/Campus Name		Grades served: year one	Grades served: capacity
InspireMS #3		K – 2	K – 8
Proposed Location			
School District: <i>Identify the school district where the charter school will be located.</i>	Jackson Public		
Address of identified facility if applicable:			
Projected Demographic Information		%FRL: 95%	%SpEd: 10% %ELL: 2%
Model/Specialty (check all that apply)			
<input type="checkbox"/> Alternative	<input type="checkbox"/> Career and Technical Education	<input type="checkbox"/> Disability (list):	<input type="checkbox"/> Montessori
<input type="checkbox"/> Arts	<input checked="" type="checkbox"/> College Prep	<input type="checkbox"/> Language Immersion	<input type="checkbox"/> STEM
<input type="checkbox"/> Blended Learning	<input type="checkbox"/> Other (list):	<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 2021-22	Planned # of Students	Maximum # of Students	Grade Levels Served
Year one	225	243	K – 2
Year two	300	324	K – 3
Year three	375	405	K – 4
Year four	450	486	K – 5
Year five	525	567	K – 6
At Capacity	675	729	K – 8

Proposed School/Campus Name		Grades served: year one	Grades served: capacity
InspireMS #4		9	9 – 12
Proposed Location			
School District: <i>Identify the school district where the charter school will be located.</i>	Jackson Public		
Address of identified facility <i>if applicable:</i>			
Projected Demographic Information		%FRL: 95%	%SpEd: 10% %ELL: 2%
Model/Specialty <i>(check all that apply)</i>			
<input 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 checked="" type="checkbox"/> College Prep	<input type="checkbox"/> Language Immersion	<input type="checkbox"/> STEM
<input 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 2022-23	Planned # of Students	Maximum # of Students	Grade Levels Served
Year one	270	290	9
Year two	530	550	9 – 10
Year three	780	820	9 – 11
Year four	1020	1090	9 – 12
Year five	1020	1090	9 – 12
At Capacity	1020	1090	9 – 12

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: InspireNOLA Charter Schools
 Primary contact person: Emily Hartnett
 Mailing address:
 Street/PO Box: 3520 General DeGaulle Dr., Suite 4040
 City: New Orleans State: LA Zip: 70130
 Phone Number: Day: 504-322-8212 Evening: 504-322-8212
 Email: emily.hartnett@inspirenolaschools.org

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
Charlie Mackles	Chief Financial Officer, InspireNOLA Charter Schools	Chief Financial Officer
Emily Hartnett	Executive Director of Strategy & Advancement, InspireNOLA Charter Schools	Executive Director of Strategy & Advancement

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
Wayne Crochet	Attorney, Self-Employed	Board President
Shawn Rogers	Mortgage Lender, Gulf Coast Bank & Trust	Board Vice President
Jay Daniels	Attorney, Jay Daniels, Attorney-at-Law, LLC	Board Secretary
Stephen Boyard, Jr.	Retired educator	Board Treasurer
MaryJo Roberts	Counsel, Phelps Dunbar	Board Member
Kimberly Thomas	Consultant, Self-Employed	Board Member
Angelle Cresswell	Pediatrician, Children's Clinic of New Orleans	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

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
InspireMS #1	2017	K-2	K-8
InspireMS #2	2019	K-2	K-8
InspireMS #3	2021	K-2	K-8
InspireMS #4	2024	9	9-12

Proposed Location	
School District: <i>Identify the school district where the charter school will be located.</i>	Jackson Public

Model/Specialty (check all that apply)			
<input type="checkbox"/> Alternative	<input type="checkbox"/> Career and Technical Education	<input type="checkbox"/> Disability (list):	<input type="checkbox"/> Montessori
<input type="checkbox"/> Arts	<input checked="" type="checkbox"/> College Prep	<input type="checkbox"/> Language Immersion	<input type="checkbox"/> STEM
<input type="checkbox"/> Blended Learning	<input type="checkbox"/> Other (list):	<input type="checkbox"/> Military	

Proposed School Description	
Provide the mission statement of the proposed school.	The mission of InspireMS Charter Schools is to inspire an educational movement to develop the next generation of scholars and leaders.
In 100 words or less, briefly describe the instructional focus of the proposed school.	InspireMS Charter Schools employs an educational model that focuses on four key pillars: positive culture, rigorous academics, continuous growth, and accountability. Elementary schools will both provide foundational course instruction by using the gradual release model and will push students to engage in higher order thinking to develop learners who take ownership over their success and achievement. This creation of lifelong learners will continue into high school, adding the increased focus of solidifying the academic and behavioral skills that will lead to post-secondary success. InspireMS is committed to preparing its students for college and career, and the holistic InspireMS instructional model.

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.

Emily Hartnett, Executive Director of Strategy & Advancement
Name, Role with Applicant Organization

Emily Hartnett
Signature

3/8/16
Date