

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: Tougaloo College
 Primary contact person: Dr. Pamela Russ
 Mailing address:
 Street/PO Box: 500 West County Line Road
 City: Tougaloo State: MS Zip: 39174-9700
 Phone Number: Day: 601-977-7757 Evening: 601-977-7757
 Email: pruss@tougaloo.edu

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 |
|------------------------|--------------------------------|-------------------------------|
| Roshunda Harris, Ed.D. | Tougaloo College | Writer/Researcher |
| Pamela M. Russ, Ph.D. | Tougaloo College | Lead Writer/Researcher |

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 |
|---|---|--|-------------------------------------|
| Eagleton Academy | | 9-12 | 9-12 |
| Proposed Location | | | |
| School District: <i>Identify the school district where the charter school will be located. Jackson Public School District</i> | Tougaloo College 500 West County Line Road Tougaloo, MS 39174-9700 | | |
| Address of identified facility <i>if applicable:</i> | Please see above. | | |
| Projected Demographic Information | | %FRL: 100% | %SpEd: 5% |
| | | | %ELL: 3% |
| 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: Dr. Pamela Russ
Current employment: Tougaloo College
Phone Number: *Day:* 601-977-7757 *Evening:* 601-977-7757
Email: pruss@tougaloo.edu

Campus Enrollment Projection:

| Academic Year (specify) | Planned # of Students | Maximum # of Students | Grade Levels Served |
|----------------------------|--------------------------|--------------------------|------------------------|
| Year one | 60 | 60 | 9-12 |
| Year two | 120 | 120 | 9-12 |
| Year three | 180 | 180 | 9-12 |
| Year four | 240 | 240 | 9-12 |
| Year five | 240 | 240 | 9-12 |
| At Capacity | 240 | 240 | 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.

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City: Tougaloo **State:** MS **Zip:** 39174-9700
Phone Number: **Day:** 601-977-7757 **Evening:** 601-977-7757
Email: pruss@tougaloo.edu

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 |
|------------------------|---|-------------------------------|
| Roshunda Harris, Ed.D. | <i>Assistant Professor of Education</i> | Writer/Researcher |
| Pamela M. Russ, Ph.D. | <i>Dean of Division of Education</i> | Lead Writer/Researcher |

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 |
|---------------------------|--------------------------------------|-------------------------------|
| Beverly Hogan | <i>President of Tougaloo College</i> | Member |
| Jeanne Middleton Hairston | <i>Educator</i> | Secretary |
| Pamela M. Russ, Ph.D. | <i>Dean of Division of Education</i> | Chairperson |
| Michael Williams, Ph.D. | <i>Dean of Social Sciences</i> | Treasurer |

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 |
|--------------------------|--|---------------------------------|
| Alfredlene Armstrong | <i>Director, First Year Experience Program</i> | University Liaison |
| Sandra Hayes, Ph.D. | <i>Executive Director of Tougaloo College Health and Wellness Center</i> | Personnel Management |
| Andrea Montgomery, Ph.D. | <i>Dean, Division of Humanities</i> | Professional Development |
| Pamela M. Russ, Ph.D. | <i>Dean of Division of Education</i> | Chief Academic Officer |
| Michael Williams, Ph.D. | <i>Dean of Social Sciences</i> | Dean of Students |

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 |
|--|---|------------------------|---------------------------|
| Eagleton Academy | 2017 | 9-12 | 9-12 |
| Proposed Location | | | |
| School District: <i>Identify the school district where the charter school will be located.</i> Jackson Public School District | Tougaloo College 500 West County Line Road Tougaloo, MS 39174-9700 | | |

| 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 Eagleton Academy is to prepare high school males in the ninth, tenth, eleventh and twelfth grades to succeed in an ever-changing 21 st Century global society through the provision of a high-quality liberal arts education program, extensive cultural exposure and explicit character and leadership development training that prepares them for secondary-post education | | |
| In 100 words or less, briefly describe the instructional focus of the proposed school. | The instructional focus of the proposed charter school will align with state and national learning standards and address the values within the charter mission statement. This will be accomplished through theory, scholarly research, and best practices that: (1) strikes a balance between teacher-directed instruction and student-centered learning; (2) encourages cooperative learning, where students learn together but are responsible for demonstrating individual knowledge; (3) provides opportunity for students to engage in experiential project-based learning that encompasses critical thinking, academic and technical skills and (4) incorporates effectively various forms of technology and visual performing arts within the instructional process. | | |

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.

Dr. Pamela Russ, Dean
Division of Education

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Dr. Pamela Russ, Dean
Division of Education

Name, Role with Applicant Organization

Pamela M. Russ

Signature

3/8/2016

Date