



Proposal Overview Form

The Proposal Overview Form is part of the Part 1 Eligibility Determination & Threshold for Evaluation and should be submitted via the [Fluid Review portal](#). Submitted documentation should include only the information requested below, saved in a single PDF file.

Non-Profit Information			
Name of Nonprofit Applicant (as registered with Louisiana Secretary of State)	Lyceum Schools, Inc		
Application Type	<u>Type 1</u> <input checked="" type="checkbox"/>	<u>Type 3</u> <input type="checkbox"/>	
Instruction Location. Mark whether instruction will be primarily site based (in person, in a school building) or virtual (computer based).	<u>Site Based</u> <input checked="" type="checkbox"/>	<u>Virtual</u> <input type="checkbox"/>	
If a Type 1 Applicant, please select your proposal type	<u>New Start</u> <input checked="" type="checkbox"/>	<u>Transformation – Full Takeover</u> <input type="checkbox"/>	<u>Transformation – Reconfiguration</u> <input type="checkbox"/>
Operator Track	<u>New Operator</u> <input checked="" type="checkbox"/>		<u>Experienced Operator</u> <input type="checkbox"/>
Primary Contact Information			
Name	Byron R. Arthur		
Address	[REDACTED]		
Phone	[REDACTED]		
Email	barthur@thearthurschool.com		
School Leader Information			
Proposed school leader name (if identified)	Byron R. Arthur		
Proposed school leader current job/position	Educator		
List any principal/leadership programs the proposed leader is currently enrolled in or have completed (e.g., NLNS, BES, etc.)			
School Information			
Proposed School Name	The Delores Taylor Arthur School for Young Men		
Opening Year	2019-20		
Grades served Year 1	9		
Grades served at capacity	9,10,11,12		



Enrollment Projection Form

Provide the following information for each school included in this proposal. Specify the planned year of opening for each (duplicating the table as needed).

School Name:	The Delores Taylor Arthur School for Young Men
Pursuant to OPSB Policy HA, Section 5, will your school have any proposed Focus Programs or Mission-Specific Admissions Preferences?	Mission- Specific Admissions: Single Sex (Males)

Grade Level	Number of Students					
	Year 1:	Year 2:	Year 3:	Year 4:	Year 5:	Year at Capacity:
Pre-K						
K						
1						
2						
3						
4						
5						
6						
7						
8						
9	150	150	150	150	150	150
10		150	150	150	150	150
11			150	150	150	150
12				150	150	150
MINIMUM ENROLLMENT	80	160	240	320	320	320
BUDGETED ENROLLMENT	150	300	450	600	600	600
MAXIMUM ENROLLMENT	200	400	600	800	800	800



Enrollment Plans

What adjustments to the budget, staffing and/or academic model would be made to accommodate your proposed minimum enrollment?

The priority is to protect the academic program and make certain that students are able to remain on the path to graduation. The first place would be to look to a number of the operational expenses, This would include sharing transportation costs with another school and if possible sharing a facility with another school to reduce rent and other related expenses. In addition, the Board will leverage its resources to secure assistance from its financial institution.

The Administrative Staff would be the very first place to adjust staffing. The Leadership Team- President/CEO, Academic Director, and Director of Finance and Operations would have their contracts restructured to alleviate budgetary pressures.

The delivery of the academic program would potentially be adjusted. We would potentially shift Speech III to the 10th Grade year and Speech IV to the 11th Grade year and delay the hiring of that position until the next year. Those skills would be emphasized through the projects and assignments that are offered. Other specials can become part-time positions. We could also shift the start of World Language to the 10th Grade year to delay the hiring of that teacher. As a last resort, content in social studies could be delivered through an online platform in 9th Grade as well.



School Management Form

Do any of the following describe your organization or any of the school(s) proposed in this application?

Will contract or partner with an education service provider (ESP) or other organization to provide school management services.

If so, identify the provider: _____

Will have a corporate partner as defined in LA R.S. 17.3991.1.

If so, identify the partner: _____

Will reflect the conversion of an existing public school (Type 3 application).

If so, identify the school: _____

The applicant has previously participated in the OPSB charter RFA process.

If so, is the application currently on appeal to the State? _____

No

Already operates schools in Louisiana or elsewhere in the US (indicate which state(s) below)

Certification

I certify that I have the authority to submit this application and that all information contained herein is complete and accurate. I recognize that any misrepresentation could result in disqualification from the application process or revocation afterward. 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.

Signature of Application Primary Contact

BYRON R. ARTHUR PRES/CEO

January 30, 2018

Date

Print Name & Title of Application Primary Contact



Assurances Form

Please review the statements below and indicate whether each is true, and will hold true if the application is approved. *If the answer to any item above is "No", please submit a statement of explanation.*

	Yes	No
1. The school and/or governing organization is currently registered as a nonprofit and is listed as in good standing with the Louisiana Secretary of State	X	
2. The school is not affiliated with any religious organization and does not support nor engage in any religious activities	X	
3. The school and/or governing organization does not have any liens, litigation history and/or sanctions from any local, state and/or federal regulatory agency against the nonprofit corporation	X	
4. The school and/or governing organization does not have the same or substantially the same board of directors and/or officers as an existing private school	X	
5. The school does not draw a substantial portion of the employees from an existing private school	X	
6. The school does not receive a substantial portion of assets or property from an existing private school	X	
7. The school is not located at the same site as an existing private school	X	
8. The school will participate in the city-wide common enrollment (OneApp) process	X	
9. The school will participate in the city-wide common expulsion process	X	
10. The school will provide free transportation to students as stipulated in OPSB Policy HA	X	

Certification

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

Anthony Williams

Name of Board Chair, Charter Governing Board

Anthony Williams
 Signature of Board Chair

February 1, 2018
 Date



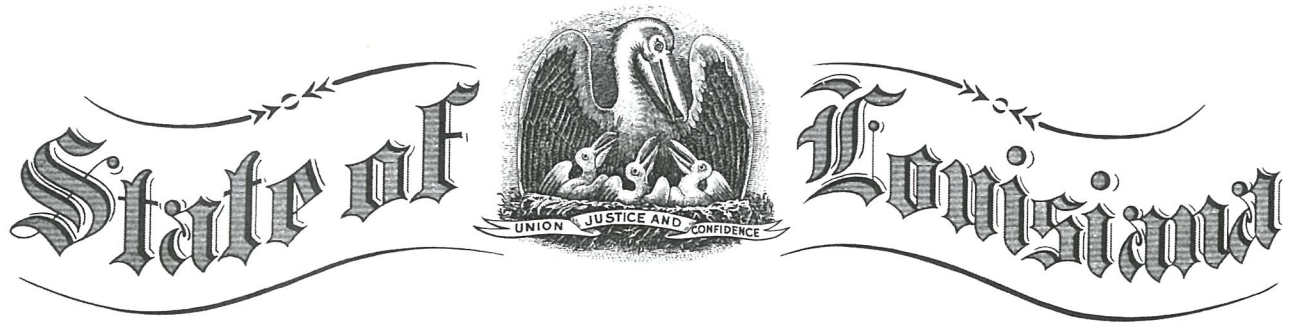
Teacher Eligibility Form

Louisiana state law requires that all groups submitting charter applications involve a minimum of three Louisiana teachers certified by the State Board of Elementary and Secondary Education in the development of their application.

Please use this form to identify the certified teachers participating in the development of this application.

Also, please be sure to include a copy of current LA Teacher Certifications for the teachers listed.

	Name	Street Address	ZIP Code	Phone	Email
1	Elizabeth Doody	[REDACTED]	70032	[REDACTED]	[REDACTED]
2	Warren P. Johnson		70122		
3	Marcus Scott		70070		
4					
5					



STATE DEPARTMENT OF EDUCATION

Certificate Type
TEACHING CERTIFICATE

NUMBER
B 069029

VALID
Life

Certificate Issued To:

ELIZABETH CATHERINE LOCOCO

By the Louisiana Department of Education, based upon the following:

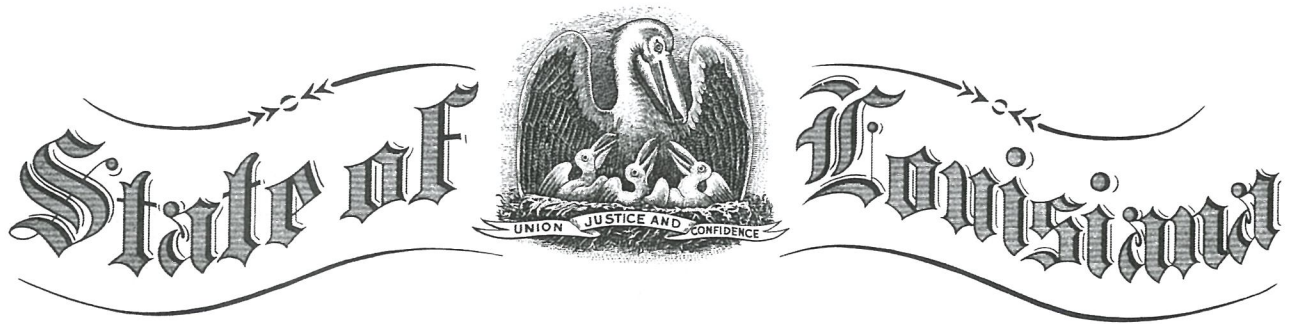
B.S., LOYOLA UNIVERSITY, 1987

ELIGIBILITY: The holder of this certificate is eligible for the following area(s) and/or terms:

BIOLOGY 6-12, 07/29/1987

Dr. Gary Jones

John White



STATE DEPARTMENT OF EDUCATION

Certificate Type
TEACHING CERTIFICATE

NUMBER
B 062321

VALID
Life

Certificate Issued To:

WARREN PHILIP JOHNSON

By the Louisiana Department of Education, based upon the following:

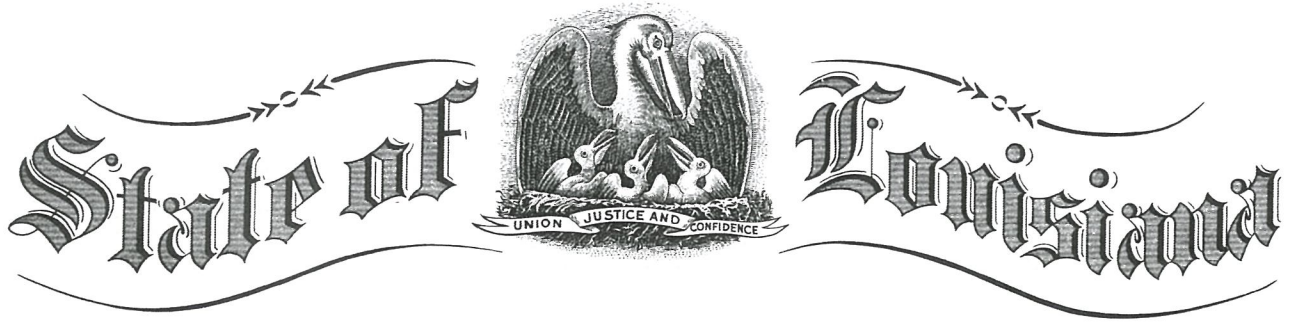
B.S., LOYOLA UNIVERSITY, 1985

ELIGIBILITY: The holder of this certificate is eligible for the following area(s) and/or terms:

ENGLISH 6-12, 06/25/1985

Dr. Gary Jones

John White



STATE DEPARTMENT OF EDUCATION

Certificate Type
TEACHING CERTIFICATE

NUMBER
LEVEL 3 510108

VALID
05/01/2017 - 05/01/2018

Certificate Issued To:
MARCUS P. SCOTT

By the Louisiana Department of Education, based upon the following:

M.A., OUT-OF-STATE COLLEGE OR UNIVERSITY, 2004

B.S., MCNEESE STATE UNIVERSITY, 2000

ELIGIBILITY: The holder of this certificate is eligible for the following area(s) and/or terms:

EARLY INTERVENTIONIST - BIRTH THROUGH FIVE, 03/10/2008

MILD/MODERATE (1-12), 03/10/2008

EXTENDED FOR 1 YEAR, 05/09/2016

EXTENDED FOR 1 YEAR, 05/01/2017

Teacher must complete 150 CLUs of professional development over a five-year time period in order to have a higher level certificate renewed., 04/15/2011

For renewal of this certificate, individuals must successfully meet the standards of effectiveness for at least three years during the five-year initial or renewal period pursuant to Bulletin 130 and mandated by Act 54.

, 05/09/2016

Dr. Gary Jones

John White



Applicant Team Roster

The Applicant Team Roster should include all identified or hired school leadership team members, governing board members and individuals that participated in the creation of the application. The evaluation team will use this roster to check for potential conflicts of interest prior to reviewing an application

There are several bases for a conflict of interest: employment, financial benefit, personal relationships, professional relationships or other interests. If applicable, any one condition may serve to disqualify a reviewer from participating in the review of an application or proposal. A conflict of interest may be real or apparent.

Name	Title	Position within Application	Email Address
Byron Arthur	Educator/Attorney	President/CEO	
Dr. Felicia Blacher-Wilson	Education Professor	Board of Trustees	
Cynthia J. Bridges	Tax Policy Consultant	Director of Finance	
Dr. Stephen Brossette	Chief Science Officer	Board of Trustees	
Cynthia Butler-McIntyre	Retired Educator	Board of Trustees	
Dr. Michael Caplan	Chemical Engineering Professor	Design Team	
Lauren L. Clement	Office Manager	Board of Trustees	
Elizabeth Doody	Educator(Science)	Design Team	
Rachael Denny	Educator(Humanities)	Design Team	
Michael Edmonds	VP of Student Life	Board of Trustees	
Marion Edwards	Retired Jurist	Board of Trustees	
Robert Garda	Law Professor	Design Team	
John Gerrets	CFO	Board of Trustees	
Warren Johnson	Educator(Speech)	Design Team	
Kenneth Lafrance	Former Principal	Board of Trustees	
Dr. Ed Lee	Executive Director	Design Team	
James Roland	Director	Board of Trustees	
James Rye	Educator(College Guidance)	Board of Trustees	
Marcus Scott	Educator(Special Education)	Design Team	
Mikeal Swift	Nurse	Board of Trustees	
Dr. Lisa Tropez-Arceneaux	Pediatric Psychiatrist	Board of Trustees	
Anthony Williams	Attorney	Chair, Board of Trustees	
Ed Williams	Academic Director	Academic Director	