# 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)** | | | |
| **Application Type** | **Type 1** [x] | **Type 3** [ ] | |
| **Instruction Location.** Mark whether instruction will be will be primarily **site based** (in person, in a school building) or **virtual** (computer based). | **Site Based** [x] | **Virtual** [ ] | |
| **If a Type 1 Applicant, please select your proposal type** | **New Start** [x] | **Transformation – Full Takeover** [ ] | **Transformation – Reconfiguration** [ ] |
| **Operator Track** | | **New Operator** [x] | **Experienced Operator** [ ] |

| Primary Contact Information | |
|---|---|
| **Name** | Brandy Williams |
| **Address** | [redacted] |
| **Phone** | [redacted] |
| **Email** | admin@gensuccessnola.org |

| School Leader Information | |
|---|---|
| **Proposed school leader name (if identified)** | TBD |
| **Proposed school leader current job/position** | |
| **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** | Generation Success Academy |
| **Opening Year** | 2019 |
| **Grades served Year 1** | 9th, 10th |
| **Grades served at capacity** | 9- 12 |

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## 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:** | Generation Success Academy |
| **Pursuant to OPSB Policy HA, Section 5, will your school have any proposed Focus Programs or Mission-Specific Admissions Preferences?** | While Generation Success Academy is an open enrollment charter high school, we are built to serve the needs of learners with exceptionalities. |

| 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 | 50 | 60 | 70 | 80 | 100 | 100 |
| 10 | 50 | 60 | 70 | 80 | 100 | 100 |
| 11 | | 50 | 60 | 70 | 80 | 80 |
| 12 | | | 55 | 65 | 75 | 75 |
| MINIMUM ENROLLMENT | 80 | 130 | 225 | 260 | 325 | 325 |
| BUDGETED ENROLLMENT | 115 | 196 | 294 | 340 | 409 | 409 |
| MAXIMUM ENROLLMENT | 104 | 176 | 264 | 306 | 368 | 368 |

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## Enrollment Plans

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

Generation Success Academy will make a habit of over budgeting our year by 15%, and capping our maximum enrollment 10% below the budgeted threshold. This process will help us to build and maintain a fund balance that can be used in deficit years, should they occur. Further, we are keeping our staff hires low so that we are not in the situation that would require us to cut jobs. During years 1 and 2, we will only operate with essential personnel, with all new hires understanding the variations of role expectations. Likewise, we will only flesh out personnel as our student numbers increase. The academic model is designed to run on essential personnel. Therefore, we will not lose academic integrity by receiving low student numbers of enrollment.

To account for the additional, budgeted amounts, we will actively pursue grant opportunities that allow us the flexibility to put more money into our classes and per student needs for transportation. Ultimately, we will monitor our enrollment forecasts to make necessary budget accommodations in all non instructional areas first, before cutting instructional budgets as a last resort.

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# 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? _____

☐ 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.

_____ 1/29/18

**Signature of Application Primary Contact** **Date**

Brandy Williams, Founder/CEO

**Print Name & Title of Application Primary Contact**

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Orleans Parish School Board

Spring 2018 Charter School Application: Assurances Form

## 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.

Cheryllyn Branche

*Name of Board Chair, Charter Governing Board*

Cheryllyn M. Branche

*Signature of Board Chair*

Jan. 29, 2018

*Date*

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# 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 | Leoance Williams | [redacted] | 70126 | [redacted] | [redacted] |
| 2 | Nancy Ryan | [redacted] | 70131 | [redacted] | [redacted] |
| 3 | Madeline Williams | [redacted] | 70126 | [redacted] | [redacted] |
| 4 | | | | | |
| 5 | | | | | |

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# State of Louisiana

## STATE DEPARTMENT OF EDUCATION

| Certificate Type | NUMBER | VALID |
|---|---|---|
| TEACHING CERTIFICATE | A 056633 | Life |

**Certificate Issued To:**

NANCY MARIE RYAN

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

B.A., UNIVERSITY OF NEW ORLEANS, 1994

M.ED., UNIVERSITY OF NEW ORLEANS, 1996

MASTER'S DEGREE PLUS 30 GRADUATE HOURS

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

UPPER ELEMENTARY GRADES 5-8, 02/21/1995

ELEMENTARY GRADES 1-8, 03/23/1995

SUPERVISOR OF STUDENT TEACHING, 03/12/1998

PROVISIONAL PRINCIPAL, 10/25/1999

PROVISIONAL SECONDARY SCHOOL PRINCIPAL, 10/25/1999

**Dr. Gary Jones** **John White**

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# State of Louisiana

## STATE DEPARTMENT OF EDUCATION

| Certificate Type | NUMBER | VALID |
|---|---|---|
| TEACHING CERTIFICATE | A 029116 | Life |

**Certificate Issued To:**

MADELINE AMEDEE WILLIAMS

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

B.S., SOUTHERN UNIVERSITY, 1969

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

HEALTH, PHYSICAL AND SAFETY EDUCATION

GENERAL SCIENCE 6-12

PIP 5, 1988

Gary L. Jones

**Dr. Gary Jones**

John White

**John White**

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# State of Louisiana

## STATE DEPARTMENT OF EDUCATION

| Certificate Type | NUMBER | VALID |
|---|---|---|
| TEACHING CERTIFICATE | B 040488 | Life |

**Certificate Issued To:**

LEOANCE JOSEPH WILLIAMS

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

B.A., XAVIER UNIVERSITY OF LOUISIANA, 1974

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

ELEMENTARY GRADES 1-8, 09/10/1974

KINDERGARTEN, 10/27/1978

PK-3, 12/29/2006

VALID FOR LIFE FOR CONTINUOUS SERVICE, 02/26/1979

PIP 6, 1988

Gary L. Jones

**Dr. Gary Jones**

John White

**John White**

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# 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 |
|---|---|---|---|
| Cheryllyn Branche | Board Chair | Governing Board | [redacted] |
| Imari Ruffin | Board Member | Governing Board | |
| Shannon Gabriel | Board Member | Governing Board | |
| Charita McClellan | Treasurer | Governing Board | |
| Jonathan Johnson | Editor | Editor | |
| Brandy Williams | Founder, CEO | Founder | |
| Ashley Robinson | Board Member | Governing Board | |
| Leoance Williams | Certified Educator | Review Process | |
| Madeline Williams | Certified Educator | Review Process | |
| Nancy Ryan | Certified Educator | Review Process | |
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