



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 | <u>Type 1</u> <input 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 type="checkbox"/> | <u>Virtual</u> <input type="checkbox"/> | |
| If a Type 1 Applicant, please select your proposal type | <u>New Start</u> <input type="checkbox"/> | <u>Transformation – Full Takeover</u> <input type="checkbox"/> | <u>Transformation – Reconfiguration</u> <input type="checkbox"/> |
| Operator Track | <u>New Operator</u> <input type="checkbox"/> | | <u>Experienced Operator</u> <input type="checkbox"/> |
| Primary Contact Information | | | |
| Name | | | |
| Address | | | |
| Phone | | | |
| Email | | | |
| School Leader Information | | | |
| Proposed school leader name (if identified) | | | |
| 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 | | | |
| Opening Year | | | |
| Grades served Year 1 | | | |
| Grades served at capacity | | | |



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: | |
| Pursuant to OPSB Policy HA, Section 5, will your school have any proposed Focus Programs or Mission-Specific Admissions Preferences? | |

| 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 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| MINIMUM ENROLLMENT | | | | | | |
| BUDGETED ENROLLMENT | | | | | | |
| MAXIMUM ENROLLMENT | | | | | | |

| | |
|---|--|
| School Name: | Pathways In Education - New Orleans II (Open in 2020) |
| Pursuant to OPSB Policy HA, Section 5, will your school have any proposed Focus Programs or Mission-Specific Admissions Preferences? | Pathways In Education - New Orleans will focus on provision of educational access and opportunity to at-risk high school students. Enrollment, recruitment, and enrollment efforts will be focused on serving this population. |

| Grade Level | Number of Students | | | | | |
|---------------------|--------------------|---------|---------|---------|---------|-------------------|
| | Year 1: | Year 2: | Year 3: | Year 4: | Year 5: | Year at Capacity: |
| Pre-K | 0 | 0 | 0 | 0 | 0 | 0 |
| K | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | 50 | 75 | 75 | 75 | 75 | 75 |
| 10 | 50 | 75 | 75 | 75 | 75 | 75 |
| 11 | 50 | 75 | 75 | 75 | 75 | 75 |
| 12 | 50 | 75 | 75 | 75 | 75 | 75 |
| MINIMUM ENROLLMENT | 150 | 200 | 200 | 200 | 200 | 200 |
| BUDGETED ENROLLMENT | 200 | 300 | 300 | 300 | 300 | 300 |
| MAXIMUM ENROLLMENT | 300 | 300 | 300 | 300 | 300 | 300 |



Enrollment Plans

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



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.

Signature of Application Primary Contact

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.

Ronnie King Jr

Name of Board Chair, Charter Governing Board

Ronnie King Jr

Signature of Board Chair

1/30/18

Date



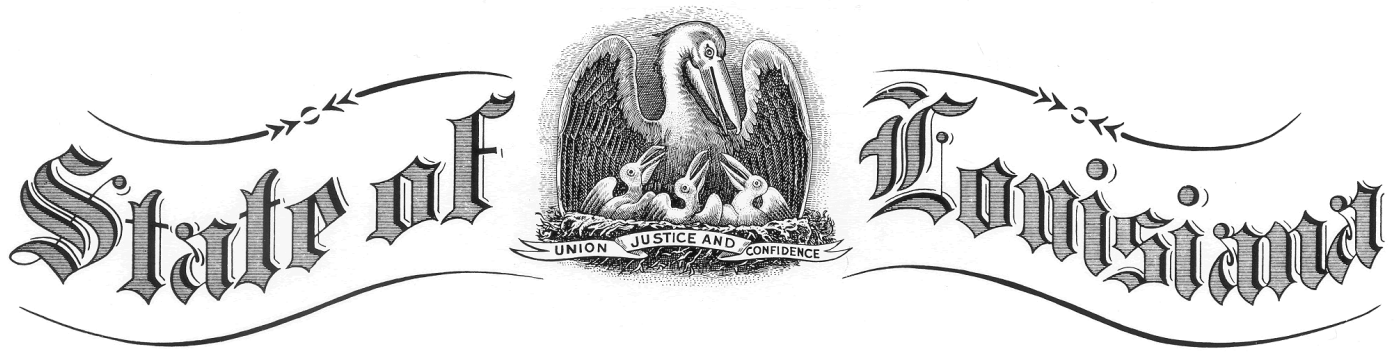
Teacher Eligibility Form

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 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |



STATE DEPARTMENT OF EDUCATION

Certificate Type
TEACHING CERTIFICATE

NUMBER
LEVEL 2 568970

VALID
03/08/2017 - 03/08/2022

Certificate Issued To:

JOSEPH ANDREW HEARINGTON

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

B.A., LOUISIANA TECH UNIVERSITY, 2009

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

SOCIAL STUDIES 6-12, 12/05/2009

MATHEMATICS 6-12, 02/18/2011

To receive a Level 2 certificate, individuals must successfully meet the standards of effectiveness for three years pursuant to Bulletin 130 and mandated by Act 54., 12/11/2012

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.

, 03/08/2017

Dr. Gary Jones

John White



STATE DEPARTMENT OF EDUCATION

Certificate Type
TEACHING CERTIFICATE

NUMBER
LEVEL 2 497639

VALID
08/13/2014 - 08/13/2019

Certificate Issued To:

GERONIMO RASONABE VALLECERA

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

B.A., FOREIGN COLLEGE OR UNIVERSITY, 2003

MASTER'S DEGREE, FOREIGN COLLEGE OR UNIVERSITY, 2011

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

MILD/MODERATE (1-12), 01/05/2009

EXTENDED FOR 5 YEARS, 08/13/2014

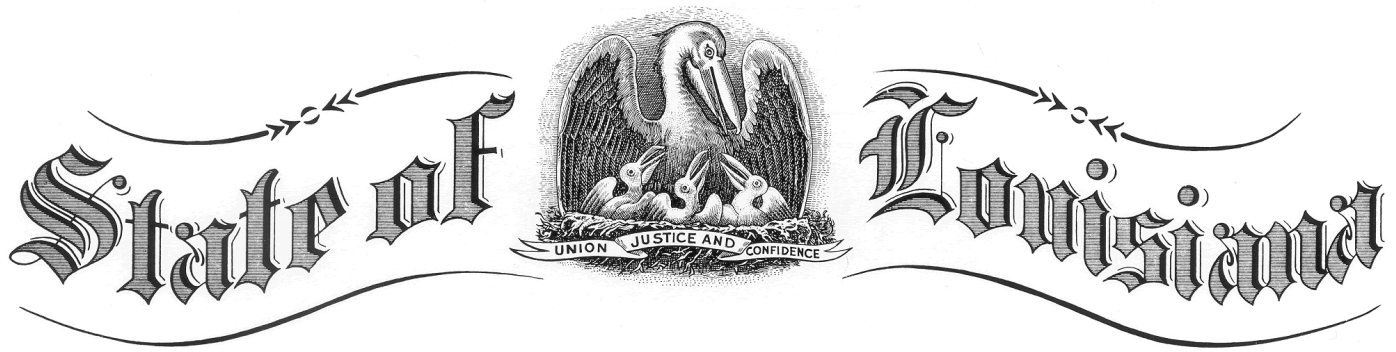
Teacher must complete 150 CLUs of professional development over a five-year time period in order to have a higher level certificate renewed., 02/22/2010

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.

, 08/13/2014

Dr. Gary Jones

John White



STATE DEPARTMENT OF EDUCATION

Certificate Type
TEACHING CERTIFICATE

NUMBER
LEVEL 3 580036

VALID
12/11/2017 - 12/11/2022

Certificate Issued To:

DEANNA LATRICE EDMONDS WEST

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

B.S., LOUISIANA TECH UNIVERSITY, 2007

COMPLETED ALTERNATIVE TEACHER EDUCATION PROGRAM, NEW TEACHER PROJECT, 2010

M.S., OUT-OF-STATE COLLEGE OR UNIVERSITY, 2017

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

MIDDLE SCHOOL: MATHEMATICS 4-8, 07/28/2010

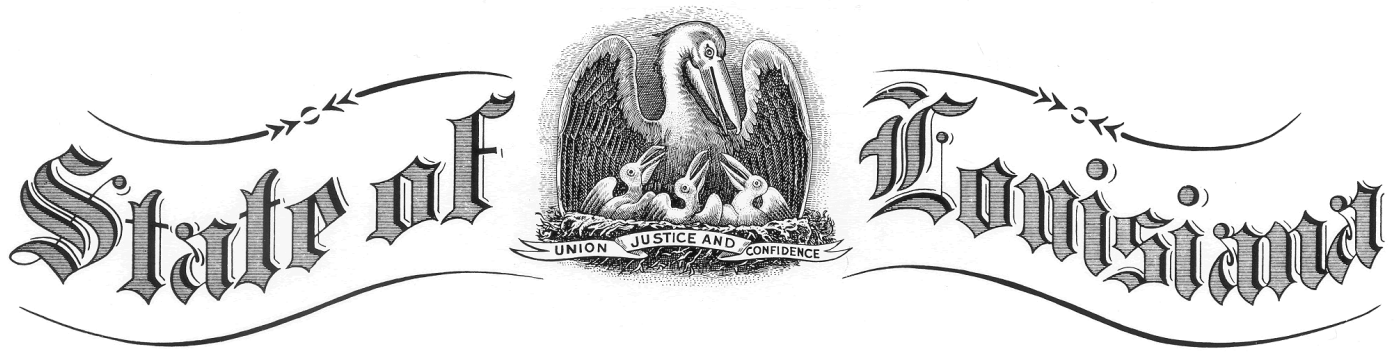
BUSINESS EDUCATION SUBJECTS 6-12, 08/03/2017

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.

, 12/11/2017

Dr. Gary Jones

John White



STATE DEPARTMENT OF EDUCATION

Certificate Type
TEACHING CERTIFICATE

NUMBER
LEVEL 3 451735

VALID
09/19/2013 - 09/19/2018

Certificate Issued To:

VIRGINIA LYNN HOENKE

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

B.A., OUT-OF-STATE COLLEGE OR UNIVERSITY, 1997

M.A., LOUISIANA TECH UNIVERSITY, 2005

MASTER'S DEGREE PLUS 30 GRADUATE HOURS, , 2009

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

ELEMENTARY GRADES 1-6, 01/22/2003

PROVISIONAL PRINCIPAL, 04/05/2006

SUPERVISOR OF STUDENT TEACHING, 04/05/2006

PROVISIONAL ELEMENTARY SCHOOL PRINCIPAL, 04/05/2006

PARISH/CITY SCHOOL SUPERVISOR OF INSTRUCTION, 12/26/2007

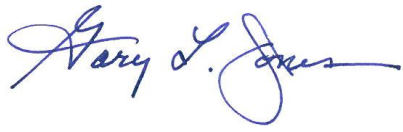
FAMILY AND CONSUMER SCIENCES (VOCATIONAL) 6-12, 10/10/2017

EXTENDED FOR 5 YEARS, 09/19/2013

Teacher must complete 150 CLUs of professional development over a five-year time period in order to have a higher level certificate renewed., 04/05/2006

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.

, 09/19/2013

A handwritten signature in blue ink that reads "Gary L. Jones". The signature is fluid and cursive, with the first name "Gary" and last name "Jones" clearly legible.

Dr. Gary Jones

A handwritten signature in black ink that reads "John White". The signature is cursive and stylized, with the first name "John" and last name "White" clearly legible.

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.

[illegible]