## Letter of Intent/Executive Summary Template

A completed version of this template must be submitted as the Letter of Intent/Executive Summary at least 30 days in advance of the submission of a new petition.

This same template must also be included at the beginning of the charter petition as the Letter of Intent/Executive Summary.

Petitioners may make edits to the content of this document between submitting the Letter of Intent/Executive Summary and submitting the final petition.

|  |  |
| --- | --- |
| **Name of Proposed Charter School** |  |
| **Proposed Grade Configuration** |  |
| **Proposed Maximum Enrollment** |  |
| **Proposed Address (or neighborhood)** |  |
| **Primary Contact  (name, email, phone)** |  |
| **Board Chair  (name, email, phone)** |  |
| **Affiliated Charter Management Organization (if applicable)** |  |
| **Proposed Instructional Start Date** |  |
| **Instructional Model or Focus** |  |

**Charter School Narrative**

Address each of the following questions.

1. What is the mission and vision of the school? Provide mission and vision statements. (350 words or less)
2. Provide a brief overview of the educational program of the proposed school. (350 words or less)
3. In order for a new charter petition to be approved, Education Code requires that the proposed school be demonstrably likely to serve the interests of the entire community in which the school is proposing to locate. Provide an analysis of the following:
   1. How the school will add to Oakland’s community of schools while not undermining existing programing; and
   2. Evidence of family demand for programming offered by the school; and
   3. Anticipated fiscal impact on the District.
4. For existing CMOs only: Describe how the school fits into the network’s strategic vision. Provide evidence of organizational capacity to replicate and operate high quality schools in OUSD.
5. What is your plan for securing appropriate facilities for the proposed school? Include steps the organization has already taken towards researching/securing a facility and whether the organization plans to request District facilities through Proposition 39. (350 words or less)

**Enrollment Projections**

Delete unnecessary rows and/or provide additional columns if you will not reach full enrollment by year five. Project your student enrollment and specify corresponding calendar years for each school year.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grade Level | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| 20\_\_ - 20\_\_ | 20\_\_- 20\_\_ | 20\_\_ - 20\_\_ | 20\_\_ - 20\_\_ | 20\_\_ - 20\_\_ |
| TK |  |  |  |  |  |
| K |  |  |  |  |  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| Total |  |  |  |  |  |

**Projected Student Demographics**

Provide your estimated student demographics below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | % Eligible for Free or Reduced-Price Meals | % Special Education | % English Learner |
| Projected Percent of Total Student Enrollment |  |  |  |

**Founding Board of Directors Membership**

For each Board member, provide the requested information below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Current Professional Title and Organization | Board Role | Focus/Expertise | Email Address |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Summary Budget**

Complete the following table to summarize the budget that has been supplied in this application. For any grants or private funds identified, indicate whether the funding has already been secured and/or any plans to secure future funding.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **20\_\_-20\_\_** | **20\_\_-20\_\_** | **20\_\_-20\_\_** | **20\_\_-20\_\_** | **20\_\_-20\_\_** |
| Number of Students |  |  |  |  |  |
| Per Pupil Revenue |  |  |  |  |  |
| State & Federal Grant Funds |  |  |  |  |  |
| Private Grants / Foundation Revenue / Gifts & Contributions |  |  |  |  |  |
| Other Sources |  |  |  |  |  |
| Total Revenue |  |  |  |  |  |
| Instructional Salaries & Benefits |  |  |  |  |  |
| Instructional Services / Supplies |  |  |  |  |  |
| Other Instructional Expenses |  |  |  |  |  |
| Total Instructional Expenditures |  |  |  |  |  |
| Supporting Services Salaries & Benefits |  |  |  |  |  |
| Purchased Property Services |  |  |  |  |  |
| Other Supporting Services Expenses |  |  |  |  |  |
| Total Supporting Services Expenditures |  |  |  |  |  |
| Total Expenses |  |  |  |  |  |
| **NET INCOME** |  |  |  |  |  |