**Arizona Charter Schools Program Grant**

**Eligibility FORM**

Eligibility Form must be submitted to receive the Official AZCSP Application

Send to: [AZCharterSchoolProgram@azed.gov](mailto:AZCharterSchoolProgram@azed.gov)

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| **Required Information:** | |
| **Name of Charter School** | |
| **Required Information:** | |
| **Name, Title of Grant Contact Person:** | |
| Phone: | Email: |
| **Charter Authorizer:** | |
| AZ State Board for Charter Schools  ASU Educational Outreach and Student Services | |
| **Required Information:** | |
| **Origin of Charter School** (check all that apply)  Grassroots Start-Up (no affiliation)  Replication, Collaborative/CMO affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expansion (specify additional grades or additional school sites) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Mission Statement** | |
| **Key Components of the Program Instruction (No more than three bullet points)** | |
| **Charter Status\***  Approved charter application.  Grade levels approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Charter application submitted, but in progress pending approval.  Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_  Application submitted for replication or expansion, but in progress pending approval.  Date submitted: \_\_\_\_\_\_\_\_\_   * Applicants who have not submitted a new school, replication school, or expansion school application to their authorizer for December 2020 approval are ineligible to apply. * Applicants will only be awarded grant funds if its charter application to the appropriate authorizer has been approved in December 2020.   **\*Ineligible Schools**   * **Arizona Online Schools (AOI):** A charter school which applied to and is approved by Rio Salado Community College for AOI status is funded by the Arizona Department of Education School Finance as an AOI school. It is ineligible for the AZCSP grant even though it may have a brick and mortar component. * **Alternative School:** A charter school which applies to and is approved by the Arizona Department of Education for Alternative Schools status is ineligible for the AZCSP grant. | |
| **Previous Arizona Charter Schools Program Grant(s) *(for replication or expansion schools only)*:** | |
| Campus Award Years Total Amount Current A-F Letter Grade | |
| **Federal Financial Accountability and Transparency ACT (FFATA) Requirements** | |
| |  |  |  | | --- | --- | --- | | Please compete the following: | |  | | 1 | I will register my charter entity at the System for Award Management (SAM.gov) to receive a DUNS Number. (Y/N) |  | | 2 | If awarded, I agree to submit a signed General Statement of Assurance and W-9 to Grants Management Enterprise. (Y/N) |  | | Primary Place of Performance (POP) Information | | | | 3 | POP City |  | | 4 | POP State |  | | 5 | POP Zip Code |  | | 6 | Please provide a brief description below of your project in no more than two sentences. (Enter here) |  |   **School Operation Schedule**   |  |  |  | | --- | --- | --- | | Please check one and only one of the following: | | | | 1 | The School opened for students August 2020. (Eligible for four Project Years of Implementation funds.) |  | | 2 | The School will open for students August 2021. (Eligible for five Project Years of Planning and Implementation funds.) |  | | 3 | The School will open for students August 2022. (Eligible for five Project Years of Planning and Implementation funds.) |  |   **School Description**   |  |  |  | | --- | --- | --- | | Please complete the following: | | | | 1 | Grades the school will serve. (The grades served must match the grades listed in the current charter application.) |  | | 2 | Estimated student enrollment after three concurrent years of operation. (Student enrollment may not exceed the current or proposed enrollment cap in its charter application.) |  |  |  |  |  | | --- | --- | --- | | Check one and only one of the following: | | | | 1 | A school serving at least 40% racially and ethnically diverse students |  | | 2 | A school serving at least 40% economically disadvantaged or neglected/homeless students |  | | 3 | A school serving at least 40% students with identified disabilities per IDEA |  | | 4 | A school serving at least 40% English Language Learners |  | | |
| **Steering Committee and/or Governing Board Members:** | |
| List steering committee or board members for this charter school. For each person include the following:   * Name: * Email: * Role on the board (e.g., community member, parent): * Board title (e.g., president, secretary): * Describe the expertise each brings to the board: | |
| **Lottery and Enrollment Policy:** | |
| Please attach the proposed lottery and enrollment policy for the school. The following elements must be addressed within this policy:   1. How the community was/will be notified of the charter school’s opening? 2. The date of the first, and thereafter annual, lottery. 3. The charter school’s definition of affiliated charter school (if applicable – see the following section to see if this would apply to your school) and the method with which students in an immediate prior grade would matriculate from an affiliated charter school. 4. The processes and procedures that will guide how the lottery will be conducted. | |
| **New ESSA Option Related to Automatic Enrollment of Students from an Affiliated Charter School:** | |
| Please only fill out the following section if you wish to take advantage of the new ESSA flexibility related to automatic enrollment of students from an affiliated charter school (**additional guidance provided on the following page**).   1. Would the school identified on this application provide automatic enrollment to students matriculating from another affiliated school that would be coming from the immediate prior grade?    1. If yes, please list the school or schools below: 2. Describe the process that you will follow to allow automatic enrollment (for example, how do families notify the school of their desire to automatically enroll, what would the deadline be, how will this process work in relation to the lottery process, etc.)      1. Explain how you would apply this flexibility so that students would experience a “continuity of education”. 2. Explain how this flexibility will support your school with making a greater individual impact for students. 3. Will you use automatic enrollment as a tool for measuring longitudinal outcomes? If so, how do you plan to share information across campuses? 4. If this school has a current charter contract with its authorizer, has the automatic enrollment priority been approved by the authorizer? | |
| **Replication Schools:** (complete only if applicable) | |
| Provide an explanation of how the new campus school meets the definition of a new charter school under the ESEA definition that is “separate and distinct” as described in January 2014 CSP Non Regulatory Guidance. Each of the listed Guidance criteria should be addressed, but additional information may also be helpful to explain the new school’s status.  In addition, the State has determined that only charter schools demonstrating the following criteria for replication may apply for grant funding:  Approval from the charter authorizer as evidenced by an executed charter contract specifically granting a separate campus. (A grant application may be submitted, with AZCSP approval, if there is an application pending with an authorizer.) | |
| **Expansion Schools:** (complete only if applicable) | |
| Grade levels of original charter contract:  Current grade levels:  Grade level or student capacity additions to be supported by this grant:  Enrollment numbers for original charter:  Date of original charter contract: | |

**ESSA Application Guidance**

**Automatic Enrollment of Students in Immediate Prior Grade from an Affiliated Charter School (Section 4310 (2)(H) of ESEA)**

Under new guidelines in Every Student Succeeds Act (ESSA), charter schools can apply to have automatic enrollment of students in an immediate prior grade from a charter school within the same charter network or charter management organization (CMO) and maintain eligibility as a subgrantee in the CSP program.

**Objectives of Automatic Enrollment Initiative**

1. Provide students with a continuity of education which will help them to become educated and productive citizens capable of succeeding in society, the workforce, and life.
2. Provide schools with the ability to have a more significant impact on students that remain in their systems and will be better suited to measure longitudinal outcomes.
3. Build and grow capacity among authorizers, charter board members, administrators, and staff as they will be able to identify new and effective ways of supporting continuity of educational programming for students in their districts.

**Determining Whether a Charter School Grantee is “Affiliated”**

AZCSP will use the following criteria to determine whether two charter schools are affiliated.

* A school that is part of the same “network” of charter schools, as defined in the Arizona Revised statues OR
* A school that is managed by a shared non-profit CMO and shares the same education model, OR
* A school that identifies in their AZCSP application as a replication or an expansion of another high-quality charter school and names that charter school in their application