

Exhibit B

Proposal Overview

The applicant group’s **designated representative** will serve as the contact for all communications, interviews, and notices from ICSB regarding the submitted application.

Name of proposed Charter School: _____

Proposed Charter School location:* _____

**Please indicate the city/ town and, if known, potential address or neighborhood of the school location. Virtual operators should indicate the relevant geographies the operator intends to serve.*

School district of proposed location: _____

Legal name of group applying for Charter: _____

Designated representative: _____

Contact Information (Phone & Email): _____

Planned opening year for the school: _____

Model or focus of proposed school:
(e.g., arts, college prep, dual-language, etc.)

Proposed Grade Levels and Student Enrollment

Indicate the grade levels the school intends to serve. Specify both the planned and maximum number of enrolled students by grade level for each year.

Academic Year	Grade Levels	Student Enrollment (Planned/Maximum)
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		
At Capacity		

Target student population (if any): _____

Will an application for the same charter school be submitted to another authorizer in the near future?

Yes No

If yes, identify the authorizer(s): _____

Planned submission date(s): _____

Please list the number of previous submissions (including withdrawn submissions) for request to authorize any charter school(s) over the past five years, as required under IC § 20-24-3-4. Include the following information:

Authorizer(s): _____

Submission date(s): _____

Signature of Designated Representative	

Name	
_____	_____
Signature	Date