

Exhibit B

**Proposal Overview**

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

**IMPORTANT NOTE:** *The full application, including this form, will be posted on the ICSB website. Applicants are advised that local community members, including members of the media, may contact the designated representative for questions about the proposed school(s).*

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Please list the number of previous submissions (including withdrawn submissions) for request to authorize any charter school(s) over the past five years, as required under IC § 20-24-3-4.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

\_\_\_\_\_

For Experienced Operator Applications:

Does the school expect to contract or partner with an ESP or other organization for Charter School management/operation? Yes  No

If Yes, please provide the following information:

Identify the ESP or partner organization.

\_\_\_\_\_

Is Charter School proposing to replicate a proven school model? Yes  No

If yes, provide the name and location of at least one school where the model is in use.

\_\_\_\_\_

If the applicant or its ESP or other partner organization currently operates one (1) or more Charter Schools within or without Indiana, please provide the name(s) and phone number(s) of the authorizer(s) for the existing Charter Schools:

Indiana Charter School Board (ISCB) 317.232.7585

Trine University/Education One 260.665.4600

Central Michigan University 989.774.2100

Signature of Applicant's Designated Representative



Signature

Date