**All applicants are required to submit the attached Notice Of Intent (NOI) to Apply prior to submitting a complete application.** This provides formal notice to the State of Washington Charter School Commission (Commission) that the non-profit listed intends to submit a proposal for a charter school to open in the fall of 2016.

All information presented in this notice is non-binding. As with all aspects of the application, the Notice of Intent to Apply is public information and will be made available on the Commission’s webpage.

## Instructions for Submitting A Notice Of Intent (NOI) To Apply

1. Complete the Notice of Intent to Apply provided in this template.
2. Save this as a single PDF file. Name your file according to the following convention: NAME OF OPERATOR.IntenttoApply.pdf, and email by 5:00pm PDT on April 17, 2015 to:

[colin.pippin-timco@charterschool.wa.gov](mailto:colin.pippin-timco@charterschool.wa.gov)

**—OR—**

1. A hardcopy must be postmarked by 5:00pm PDT on April 17, 2015 and mailed to:

Colin Pippin-Timco, RFP Coordinator

PO Box 40996

Olympia, WA 98504-0996

**—OR—**

1. A hardcopy must be hand delivered by 5:00pm PDT on April 17, 2015 to:

Colin Pippin-Timco, RFP Coordinator

1068 Washington St.

Olympia, WA 98501

Applicants who do not submit the MANDATORY Notice of Intent to Apply form by the above deadlines will NOT be eligible to submit a full proposal.

# NOTICE OF INTENT TO APPLY

This information will be used to ensure that your applicant group receives all of the appropriate communications from the Commission throughout the charter application process.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Non-Profit Applicant/Organization** | | | |  | | | | | |
| **Primary Contact Information** | | | | | | | | | |
| Name | |  | | | | | | | |
| Address | |  | | | | | | | |
| Phone | |  | | | | | | | |
| Email | |  | | | | | | | |
| **Partner Information** *If Applicable* | | | | | | | | | |
| **Basic Information for School Opening Fall 2016** | | | | | | | | | |
| **Proposed School Name** | | | | | **Opening Year** | **Geographic Community and/or City** | | **Grades Served Year 1** | **Grades Served at Capacity** |
|  | | | | |  |  | |  |  |
| Model | New Conversion | | | | | | | | |
| **Proposed School Description** | | | | | | | | | |
| School Model Specialty  (check all that apply) | | | Alternative  Arts  Blended Learning  Career and Technical Education  College Prep  Virtual: | | | | STEM:  Language Immersion  Military  Montessori  Disability (List):\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (List):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| In one-hundred (100) words or less, briefly describe the mission and vision of your proposed school | | |  | | | | | | |

**I certify that I have the authority to submit this Notice of Intent 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 after authorization. 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 Primary Contact Date