

GRACE SCHOOLS CHARTER AUTHORITY, LLC

PROSPECTUS

The undersigned individual/organization is considering submitting full application to establish a charter school. This prospectus does not guarantee invitation for full proposal from the Grace Schools Charter Authority, LLC.

1. Primary/Secondary Contact Information of Organizer

Lead Applicant Name				
Mailing Address				
City/State/Zip Code				
E-Mail Address				
Primary Phone Number				
Secondary Phone Number				
Lead Applicant Media contact Phone #				

Note: This document is considered public record, and all contact information listed in this document is available to the public.

2. Mission Statement

- 3. Statement of Inquiry (Why are you choosing to seek a charter?)
- 4. Proposed Name and Location of Charter School (a specific address is not required) and School District

5. Grade levels and number of students to be served

	School Year	Grades Served	Projected Total Enrollment
Year 1			
Year 5			

6. Schools serving one or more of the proposed grades that are situated near the proposed location (please list both public and private schools)

7. Since charter schools are schools of choice, describe what would motivate parents and/or students to choose your proposed school.

8. Identify community support and partnerships

 Contact Information for the members of the founding group and, if applicable, name of educational management organization (EMO), charter management organization (CMO) or educational service provider (ESP) and its representative(s) (Business or work addresses are acceptable)

Name	
Mailing Address	
City/State/Zip Code	
E-Mail Address	
Primary Phone Number	
Name	
Mailing Address	
City/State/Zip Code	
E-Mail Address	
Primary Phone Number	
Name	
Mailing Address	
City/State/Zip Code	
E-Mail Address	
Primary Phone Number	
Name	
Mailing Address	
City/State/Zip Code	
E-Mail Address	
Primary Phone Number	
Name	
Mailing Address	
City/State/Zip Code	
E-Mail Address	
Primary Phone Number	
Name	
Mailing Address	

City/State/Zip Code	
E-Mail Address	
Primary Phone Number	
EMO/CMO/ESP (if applical	ble)
EMO/CMO/ESP Contact	
Mailing Address	
City/State/Zip Code	
E-Mail Address	
Primary Phone Number	

10. Educational philosophy and desired educational methodologies (e.g., educational programs)

11. Description of the unique characteristics the charter school will offer as an educational option different from other options in the community

12. Fiscal (% year budget summary template)

Enrollment						
ADM						
School Name						
	% of Total	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
SUPPORT AND REVENUE						
State and Federal per student income						
Grants						
Program Service Fee						
Contributions						
Indiana Common School Loan Fund						
Interest/Other Income						
Total Support and						
Revenue						
EXPENSES						
Salaries and benefits						
Occupancy Costs						
Supplies and Materials						
Purchased Services						
Other						
Total Expenses						
Net Excess/(Deficit)						

Signature

Date