**Section 1: Applicant Summary Sheet (1 page)**

Please complete all yellow sections in the table below.

|  |  |
| --- | --- |
| **Name of Course Provider Organization** |  |
| **Which Best Describes Your Organization?***(indicate one please)*  |  | Post-secondary educational organization  |
|  | Online or virtual educational provider |
|  | Corporation or industry association |
|  | “Educational Entrepreneur” (see RFA page 5 for definition) |
|  | Other: |
| **Course Type(s)** *(indicate all that apply)*  |  | Online |  | Hybrid (online and face-to-face) |
|  | Face-to-Face |  | Other: |
| **Focus Area (s)***(indicate all that apply)*  |  | Elementary/Middle School Credit |
|  | High School Credit |
|  | Advanced Placement / IB |
|  | Dual Enrollment |
|  | Industry-Based Certification |
|  | Career and Technical Education |
|  | Internship / Apprenticeship |
|  | Other:  |
| **Proposed Geographical Reach** | Indicate statewide or specific region / parishes / schools |
|  |
| **Potential Enrollment**  | Max students / class |  | Max number of concurrent sessions  |  |
| **Primary Contact Person** | Name |  |
| Address |  |
| Phone: Land |  |
| Phone: Cell |  |
| Email |  |
| **Is this the only application your organization will be submitting?** | Yes |  | No |  |
| **Is your organization applying in alliance with one or more other organizations?** | No |  | Yes |  | Allies(list all) |  |
| *Note: if an alliance is applying, the alliance team should only submit one application.* |

**Section 2: Provider Vision, Background and Capabilities (9 pages)**

* 1. **Provider Vision / Strategy** (open-ended response)

*Describe your vision and strategy, indicating how your organization’s vision and strategy logically lead you to apply to provide innovative courses to Louisiana students.*

* 1. **Provider Background: history, leadership, strengths** (open-ended response)

*Describe your organization’s comparative advantages.*

* 1. **Course Choice Goals Addressed** (please fill in yellow sections of table below)

|  |
| --- |
| **Indicate which Course Choice Goals your proposed course offerings will address (check all that apply).** |
|  | Students enter the next, age-appropriate grade on time and on level |
|  | Students successfully complete rigorous and advanced high school and post-secondary course work |
|  | Students successfully complete industry-based certification courses, programs, internships and/or apprenticeships based on Pathways to Careers |
|  | Students graduate on time or early |
|  | Students graduate with the skills to enter post-secondary programs and workforce-ready |
| *Include any explanatory text:*  |

* 1. **Overview of Proposed Course Offerings – complete accompanying Excel spreadsheet.**

**Section 3: Overview of Proposed Curriculum (12 pages)**

**3.1 Curriculum Sources** (open-ended response)

*Describe your proposed curriculum/curricula. Describe each curricular model and focus, listing curriculum sources. Describe how the curriculum is aligned with State Content Standards Initiative, Common Core State Standards, Louisiana’s state-adopted guidelines or industry-based standards, and/or Board of Regents. Describe how your offering will deliver rigorous, engaging and effective instruction for the targeted student population.*

**3.2 Proposed Instructional Material** (open-ended response)

*Describe the instructional materials required for the course and the sources for these materials. Describe the facilities and technologies needed to deliver the course, and how enrolled students will access these required assets.*

**3.3 Course Sequencing** (open-ended response)

*Describe the recommended timeframe for course completion. Discuss course sequencing requirements or prerequisites if applicable.*

**3.4 Delivery Methods / Differentiating Instruction** (open-ended response)

*Describe the instructional methods used to deliver the course(s) and the ideal learning environment (class size, structure, etc.). Describe how your course is better than current or potential alternatives.*

**3.5 Addressing Special Need Students** (open-ended response)

*Describe your plan of action to serve special needs students, including how instructors will implement any accommodations for student Individualized Education Plans (IEPs). Discuss how course materials will serve special needs students. Explain how the curriculum is accessible to all students. What is your plan for working with the local LEA to implement individual student IEPs?*

**Section 4: Instruction Quality (6 pages)**

**4.1 History / Examples of Instructional Quality** (open-ended response)

*Describe where and how in the past you’ve provided excellent quality instruction in the curricular areas identified in this application package.*

**4.2 Instructor Qualifications** (open-ended response; **i**nstructor resumes exempt from page limit**)**

*Describe how you will recruit, select and retain your instructors. Describe instructor qualifications and strengths. Describe how your organization will meet all Louisiana teaching credentialing requirements, as outlined in Bulletin 746.*

**4.3 Data Supporting Instructional Effectiveness** (open-ended response)

*Describe the evaluation system used to measure instructor effectiveness, including how student performance will factor into instructor evaluation. Describe any processes to coach instructors.*

**Section 5: Accountability (6 pages)**

**5.1 Specific Course Goals / Metrics** (open-ended response**)**

*Describe course achievement goals in terms of student performance, including on state-mandated assessments if such assessments are relevant. For career and technical education, describe the specific skills and knowledge students will gain, why these are important and how they will be measured (including any recognized industry certifications). Identify any other measures or assessments (e.g., ACT, End-of-Course Exams, etc.) and include goals unique to specific populations (e.g., English Language Learners, special needs, gifted, etc.).*

**5.2 Progress Monitoring** (open-ended response**)**

*Describe progress monitoring systems for student performance based on the goals / metrics described above. Explain how academic progress will be measured for all students (e.g., how often and to whom grade reports will be provided, what interim assessments will be used, etc.). Describe any end-of-course tests or evaluations. Describe how student progress will be reported on a timely and accurate basis.*

**5.3 Assessment / Accountability Systems** (open-ended response)

*Describe the data you will collect on quality and instructor accountability and why (e.g. student academic achievement, attendance, credit accumulation, longitudinal). Describe the method and frequency of data collection and analysis and data reporting. Describe structures and systems in place to collect these data. Indicate who will be responsible for collecting and verifying data, and then disseminating data for reporting requirements.*

*Course Choice providers are accountable to the Louisiana State Board of Elementary and Secondary Education (BESE) for meeting each student’s academic, financial, legal, and contractual performance standards. The BESE will monitor and evaluate the performance of course providers against BESE’s rigorous standards and expectations for its course providers.*

*BESE will evaluate providers through an ongoing series of reports and board actions. Approved course providers are granted a three-year initial agreement, contingent upon results of the reporting requirements at the end of the third year. Course providers that are unable to demonstrate academic progress or unable to comply with legal/contractual or financial requirements may face sanctions or revocation.*

*Please remove this text box prior to inserting your response*

**Section 6: Proposed Tuition (2 pages)**

**6.1 Tuition Price Bid Description** (open-ended response)

*Describe how you arrived at your tuition pricing and if it is market-based.*

**Section 7: Provider Financial Structure / Strength (1 page)**

**7.1 Please complete the table below**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your organization have an electronic accounting system? | Yes |  | No |  |
| Does your organization have an assigned person responsible for all accounting / financial issues? | Yes |  | No |  |
| Name / E-mail |  |
| Does your organization have current financial statements (income statement, balance sheet) available for review? | Yes |  | No |  |
| Does your organization have a budget for your proposed course offering(s)? | Yes |  | No |  |
| What is the breakeven enrollment for your course(s)? |  |
| What contingencies has your organization developed in the event that one or more students enrolled in your course(s) would not complete the course(s) on time, delaying the second LDOE payment for that / those students? |  |
| What qualitative commentary would you offer to indicate your organization’s sound financial structure and strength? |  |

**Section 8: References (3 pages)**

**8.1 Reference 1** (please fill in yellow sections of the table below)

*The LDOE will contact each reference for applicants that are accepted into the Interview stage.*

|  |  |
| --- | --- |
| Reference Name (org., individual, title) |  |
| Relationship to Proposer |  |
| Contact Information (phone, email) |  |

**8.2 Reference 2** (please fill in yellow sections of the table below)

|  |  |
| --- | --- |
| Reference Name (org., individual, title) |  |
| Relationship to Proposer |  |
| Contact Information (phone, email)**)** |  |

**8.3 Reference 3** (please fill in yellow sections of the table below)

|  |  |
| --- | --- |
| Reference Name (org., individual, title) |  |
| Relationship to Proposer |  |
| Contact Information (phone, email) |  |

**Section 9: Signature Page**

#### CERTIFICATION STATEMENT

The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Request for Application (RFA).

**OFFICIAL CONTACT.** The State requires that the applicant designate one person to receive all electronic communications. Identify the Contact name and fill in the information below (Print Clearly):

Official Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Phone Number with area code: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. U.S. Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant certifies that the enclosed application information is true and grants permission to the State to contact the above named person or otherwise verify the information provided.

By its submission of this RFA application package and authorized signature below, Applicant certifies that:

(1) The information contained in its response to this RFA is accurate.

(2) Applicant complies with each of the mandatory requirements listed in the RFA and will meet or exceed the requirements specified therein.

(3) Applicant accepts the procedures, evaluation criteria, mandatory terms and conditions, and all other administrative requirements set forth in this RFA.

(4) Applicant’s application package is valid for at least one year from the date of signature below.

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_