

# Intent to Apply Packet

## Overview:

The Intent to Apply Packet expresses an entity's interest in becoming a new charter school authorizer. The Board of Education ("Board") reviews it to determine applicant eligibility and to assemble an appropriate number of evaluators. If the Board confirms eligibility, the applicant may undertake the more comprehensive application process.

## Instructions:

1. Complete this Intent to Apply Packet form by providing word-processed responses to all applicable fields.
2. Attach all applicable required documents as indicated in this form.
3. Email an electronic copy of your completed Intent to Apply Packet, as a single PDF file, including appropriate attachments, to [boe\\_hawaii@notes.k12.hi.us](mailto:boe_hawaii@notes.k12.hi.us) by the deadline (date and time) indicated on the timeline on the Board's website.
4. You will receive notice of your eligibility by the date indicated on the timeline on the Board's website.

**Organization Name (entity that intends to apply to be a new charter school authorizer):**

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**Primary Contact Name:**

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**Primary Contact Address:**

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**City/State/Zip:**

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**Primary Contact Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Primary Contact Email Address:**

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**Type of Organization (check the appropriate box(es)):**

- University of Hawaii Board of Regents

Required Attachments

- 1) A signed resolution or approved public minutes from the Board of Regents authorizing the submission of this application

- Governing board of an accredited private postsecondary institution (check the appropriate institution type):

Community college

Technical college

Four-year university

Other accredited postsecondary institution (specify): \_\_\_\_\_

Required Attachments

- 1) A signed resolution from the governing board authorizing the submission of this application
- 2) Documentation certifying the governing board has governing authority over the institution
- 3) Sufficient documentation proving the institution is registered as an accredited postsecondary institution with the Department of Commerce and Consumer Affairs' Hawaii Post-secondary Education Authorization Program, pursuant to Hawaii Revised Statutes Chapter 305J
- 4) Documentation describing the institution's operating jurisdiction

- County agency (check the appropriate county):

City and County of Honolulu

County of Hawai'i

County of Kauai

County of Maui

Required Attachments

- 1) A signed letter from the Mayor authorizing the submission of this application

- State agency

Required Attachments

- 1) A signed letter from the agency's director or, if applicable, a signed resolution or approved public minutes from the governing board of the agency authorizing the submission of this application

- Governing board of a nonprofit or charitable organization exempt from federal taxes under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code

Required Attachments

- 1) A signed resolution from the board authorizing the submission of this application
- 2) Documentation certifying the governing board has governing authority over the organization
- 3) Proof of nonprofit registration with the Hawai'i Department of Commerce and Consumer Affairs and a Certificate of Good Standing
- 4) A copy of federal tax-exempt certification from the Internal Revenue Service ("IRS") or an acknowledgement letter from the IRS regarding the tax status of the nonprofit

**Geographic Chartering Authority (check the appropriate box and provide applicable information):**

*Note: See the Eligibility section in the application document for information on which entities may apply for statewide, regional, and local chartering authority.*

- Statewide chartering authority

- Regional chartering authority  
Specify region (e.g., County of Hawai'i or Island of Maui):

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- Local chartering authority  
Specify local area (e.g., Campbell-Kapolei Complex Area):

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**Certification:**

As the person identified as the primary contact on behalf of the applicant, I certify that I have the authority granted by the applicant to submit this application and that all information contained herein is complete and accurate. I recognize that any misrepresentation could result in disqualification from the application process.

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Signature of Primary Contact

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Date