

2019-2020

Texas PartnershipBenefits Application

TEXAS PARTNERSHIP BENEFITS APPLICATION

**Application Instructions**

This document is the application for Texas Partnership School benefits. For more information about Texas Partnership Schools, including a description of different kinds of partnerships, partnership benefits, eligibility requirements, and how TEA will evaluate applications, please download the Texas Partnership Guide from the [Texas Partnerships website](https://www.txpartnerships.org).

Districts must submit this completed document along with the corresponding attachments by **March 31, 2020 (5:00 PM).** Districts may submit applications for partnership school benefits to start in either 2020-2021 or 2021-2022. TEA will notify districts of eligibility for benefits (approval, denial, or request for additional information) by May 1, 2020. Table 1, below, shows the timeline for application package submissions.

**Table 1. Application Timeline for Partnership School Benefits**

|  |  |
| --- | --- |
| **Action** | **Date** |
| District attends required webinar | December 13, 2019 or January 17, 2020 |
| Proposed operating partner attends required webinar | January 24, 2020 or February 7, 2020 |
| Districts submit completed application packages | by March 31, 2020 (by 5 PM) |
| Application Review Window | March 31-April 30, 2020 |
| TEA notifies district of eligibility: (approval, denial, or request for additional information) | by May 1, 2020 |

**A complete application includes the following documents.**

[ ]  Completed Texas Partnership Application Template (this document)

[ ]  Attachment A: Local Board-Approved Charter Authorizing Policy

[ ]  Attachment B1: Local Campus Partner Application (for each partnership school)

[ ]  Attachment B2: Local Campus Partner Application Evidence of Evaluation (for each partnership school)

[ ]  Attachment C: Partnership Performance Contract (for each partnership school)

**Districts can submit a single application for multiple partnership schools but must submit separate attachments B and C for each school.**

Please submit the completed application package to TEA using the following steps:

* Save this Partnership Application template as a PDF document titled with district name and document type (e.g. *DistrictName-Partnership Application*), and
* Please save required attachments as PDF documents. See application instructions for file naming convention.
* Email all files to dssi@tea.texas.gov with the subject line as follows - [*Partnership School Application Package\_Insert District Name*].

**Specifications**

* Applicants **must** submit proposals electronically and use the template provided.
* Only responses placed within the text boxes provided will be considered for evaluation activities. All elements of the proposal must be presented in 11-point font and single-spaced.
* *Application responses, including the existing questions and content,* ***must not exceed 30 pages****. This does not include any required attachments.*
* All required documents should be uploaded in the file format specified.
* Late or incorrectly formatted submissions will not be accepted.
* Submissions from districts that did not submit a letter of intent by November 15, 2019 will not be accepted.
* Submissions from districts that did not attend a required TEA webinar will not be accepted.
* Submissions that include an operating partner that did not attend a required TEA webinar will not be accepted
* Submissions that include a partner that does not have a governing board and at least one full time staff at the time the application package is submitted will not be accepted.

**Approval Process for Partnership School Benefits**

**Districts must submit this completed partnership application template and attachments A, B, and C.** However, TEA will not evaluate all of these documents for all partnership applications. Rather, the review process varies depending on the school- and partner- type. Table 2 describes school and partner types. Table 3 shows the documents TEA will evaluate for each school and partner type.

**Table 2. Types of Partners**

|  |
| --- |
| **Partnership School Types** |
| **Innovation** | * Existing schools that received an overall A, B, C, or D in 2018-2019 (2019 ratings).
* New schools, defined as new schools for state reporting; must receive a new county district campus number (CDCN).
 |
| **Turnaround** | * Schools that received an overall F rating for the 2018-2019 school year (2019 ratings).
 |
| **Partner Types** |
| **New** | * Existing state or district-authorized charter operators with less than a three-year track record
* Out-of-state charter operators
* Institutes of higher education
* Governmental entities
* Other non-profits
 |
| **Existing** | * State or district-authorized charter operators
* Partner must have at least three years of experience operating a charter school in Texas
* Partner must have acceptable academic and financial performance in each of the three preceding school years
* Neither the partner organization, nor the key individuals involved, may be associated with a revoked charter
 |

**Table 3. Documents TEA will Evaluate to Determine Eligibility for Partnership School Benefits by School- and Partner- Type**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of School** | **Turnaround** | **Innovation** | **Turnaround** | **Innovation** |
| **Type of Partner** | **New** | **New** | **Existing** | **Existing** |
| Authorizing Policies and Practices | Evaluated\* | Evaluated\* |  |  |
| Local Campus Partner Application and Evaluation (*submitted by partner)* | Evaluated | Evaluated |  |  |
| Partnership Performance Contract | Evaluated | Evaluated | Evaluated | Evaluated |

\* TEA will only evaluate the responses to the questions regarding charter authorizing policies and practices section within the application template.

The TEA process for reviewing and approving partnership school benefits is further described in the Texas Partnership Guide. Evaluation forms for each district submission (attachments) are available on the [Texas Partnerships website](http://www.txpartnerships.org/).

**Partnership Overview**

|  |  |
| --- | --- |
| District  | Click or tap here to enter text. |
| Superintendent  | Click or tap here to enter text. |
| Superintendent Email/Phone Number | Click or tap here to enter text. |
| Secondary District Contact | Click or tap here to enter text. |
| Secondary Contact Email/Phone Number | Click or tap here to enter text. |
| Submission Date | Click or tap here to enter text. |

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| --- |
| Provide the following information for each proposed partnership school included in this application.  |
| Name of Proposed District School  | County/District Campus Number *(leave blank if a “new” school)* | Partnership School Type *(Turnaround, Innovation)* | Name of Proposed Partner Organization | Partner Type*(New or Existing)* | Academic Year for Partnership Start*(2020-2021 or 2021-2022)* |
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| Provide the following information for each proposed partnership organization included in this application.  |
| Name of Proposed Partner Organization | Names and affiliations of Partner Organization Board Members (at least 3 board members are required) | Name(s) and title(s) of Currently Employed Partner Organization Staff (at least 1 staff is required) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**Please respond to the following questions:**

**Q1. Has TEA approved the district for partnership school benefits in a previous application cycle?**

Click or tap here to enter text.

**Q2. Did the district use TEA’s Model Local Charter Authorizing Policy?**

Click or tap here to enter text.

**Q3. Did the district use TEA’s Model Local Campus Partner Application?**

Click or tap here to enter text.

**Q4. Did the district use TEA’s Model Partnership Performance Contract?**

Click or tap here to enter text.

**Q5. What percent of the district’s student enrollment (based on 2019-2020 enrollment) will be enrolled in a subchapter C (in-district) charter when the campus(es) in this application are in operation?**

Click or tap here to enter text.

**Charter Authorizing Policies and Practices**

Districts seeking approval for partnership benefits must provide evidence of high-quality district charter authorizing policies and practices. Districts must submit their local, board-approved partnership authorizing policy as attachment A to this application. Districts must also respond to the questions below.

**Required:**

* **Attachment A:** Local Charter Authorizing Policy *(as currently adopted by local district school board).* Districts are required to adopt TEA’s Model Local Partnership Authorizing Policy or a similar policy approved by TEA.
* **Respond to** questions in the Summary of Charter Authorization Policies and Practices below. *Please note that only districts proposing Turnaround or Innovation School Partnerships with a New Partner will undergo an evaluation of responses in this section by TEA. TEA will review responses from districts proposing to partner with an Existing Partner for context only.*

**Summary of Charter Authorizing Policies and Practices**

All districts must respond to the following questions about their local authorizing policies and practices. All questions under each section must be addressed.

# **Authorizing Mission and Core Vision**

1. Describe the mission and vision of the district’s efforts to authorize new charter campuses and programs.
2. Explain how work to authorize new charter campuses will focus on improving student learning, increasing choice, creating professional opportunities to attract teachers, establishing new forms of accountability, and encouraging innovative learning methods.
3. Explain how the district’s efforts to authorize new charter campuses will support the district’s broader strategy to improve student outcomes.

Click or tap here to enter text.

# **Commitment and Capacity**

1. Describe the capacity and resources dedicated to the district’s charter authorizing process, including the evaluation, nomination, and ongoing monitoring of district charter campuses.
2. Identify the key members of the district’s leadership team by name and title and describe their individual and collective qualifications for authorizing, monitoring, and evaluating the district charter(s).
3. Identify the district employee(s) that is/are fully dedicated to overseeing the authorizing and ongoing monitoring of in-district charters, including the date the employee(s) began in this role.

Click or tap here to enter text.

# **Application and Review Process**

1. Describe the process for evaluating and awarding proposals submitted under TEC Chapter 12, Subchapter C. Please include a description of:
* the operator application (if the district used the TEA model application, please indicate in this section),
* the rubric used by the district’s review panel to evaluate partner applications, including how the district evaluated the operating partner’s academic model, the operator’s strengths and weaknesses and past academic performance, and
* the process the district used for conducting capacity interviews.
1. Describe the process undertaken to provide opportunities for the public to learn about potential charter applications prior to approval decisions by the local board.
2. Describe the process for communicating application evaluation criteria and approval/denial decisions, including the basis for such decisions, to charter applicants.

Click or tap here to enter text.

# **Oversight and Evaluation**

1. Describe the relationship and key responsibilities between the school district board of trustees, the district administration, and the charter holder/operating partner.
2. Describe the areas of autonomy and flexibility provided to charter campuses in the district. Specifically, identify district policies that will be identified in the performance contract as being applicable to the charter campus for which the campus could otherwise be exempt under TEC, Chapter 12, Subchapter C.
3. Describe the district’s process for routinely monitoring accountability and compliance, as defined in the charter contract. Include the frequency and timeline for all monitoring activities.
4. Outline any district data collection requirements, including a reporting schedule, site-visits, mandated assessments, and any required student-management system.

## **Click or tap here to enter text.**

# **Revocation and Renewal**

1. Describe the charter terms and evidence required for renewal of a charter agreement.
2. Describe the criteria and a specific timeline for non-renewal of a charter agreement.
3. Describe the process for establishment of a closure protocol to be used in the event of non-renewal of a charter agreement.
4. Describe the criteria for revocation of a charter agreement.
5. Describe the procedure and a specific timeline for revocation of a charter agreement.

Click or tap here to enter text.

**Local Campus Partner Application and Evaluation**

Districts must submit this attachment for **each partnership school** under consideration for Partnership School benefits.

Districts must submit two items:

**Attachment B1: Local Campus Partner Application:** The application that the partner organization completed and submitted to the district review panel for evaluation.

**Attachment B2: Local Campus Partner Application Evidence of Evaluation:** Documents that demonstrate how the application was evaluated/scored, what areas needed to be addressed in the capacity interview, and notes from the capacity interview.

Attachments should be titled and ordered by partnership school/campus name. For example, a district submitting two partnerships for approval would title attachments as follows:

* Campus 1\_Attachment B1\_Local Campus Partner Application
* Campus 2\_Attachment B1\_Local Campus Partner Application
* Campus 1\_Attachment B2\_Local Campus Partner Application Evidence of Evaluation
* Campus 2\_Attachment B2\_Local Campus Partner Application Evidence of Evaluation

**Partnership Performance Contract**

Districts must submit this attachment for **each partnership school** under consideration for Partnership School benefits.

**Attachment C: Partnership Performance Contract**: the board-approved contract between school district and partner organization to operate the partnership school.

Attachments should be titled and ordered by partnership school/campus name. For example, a district submitting two partnerships for approval would title attachments as follows:

* Campus 1\_Attachment C\_Partnership Performance Contract
* Campus 2\_Attachment C\_Partnership Performance Contract

 **Partnership Assurances Documentation**

The partnership assurances document serves as a commitment from the district superintendent and board of trustees that all proposed partnerships do not present a conflict of interest with the district and that the district has done its due diligence to ensure that each partner is capable of the work it has agreed to perform in the performance contract.

*The Superintendent of the district shall initial each and all assurances within this document to confirm awareness and understanding of responsibilities established herein.*

1. **Governance**

\_\_\_\_\_\_\_\_\_\_ The district assures that the governing body of each operating partner is not and shall not be comprised of any members of the independent school district's board of trustees, the superintendent, or staff responsible for evaluating the partnership application or overseeing the performance contract.

\_\_\_\_\_\_\_\_\_\_ The district assures that the majority of the governing body of each partner is not and shall not be comprised of district staff.

\_\_\_\_\_\_\_\_\_\_ The district assures that no member of the governing body of each partner will be related within the first degree of affinity or consanguinity with any members of the independent school district's board of trustees, the superintendent, or staff responsible for granting the charter or contract to partner to operate or overseeing the performance contract.

\_\_\_\_\_\_\_\_\_\_ The district assures that all members of the governing body of each operating partner have passed and will continually pass the district's conflict of interest checks.

\_\_\_\_\_\_\_\_\_\_ The district assures that the district has not appointed a majority of the members of the governing board of each operating partner.

\_\_\_\_\_\_\_\_\_\_ The district assures that the governing body of the operating partner will participate in board governance training provided by TEA or a vendor recommended by TEA.

\_\_\_\_\_\_\_\_\_\_ The district assures that it will submit the names and background information for all partner board members to the agency annually.

1. **Performance Contract**

\_\_\_\_\_\_\_\_\_\_ The district assures that the district and each proposed operating partner meet the requirements to contract to partner to operate, as outlined in TAC §97.1075 (relating to Contracting to Partner to Operate a Campus under Texas Education Code, §11.174, as amended).

\_\_\_\_\_\_\_\_\_\_ The district assures that the district is aware that to maintain benefits eligibility, the performance contract must meet the eligibility requirements described in this application and all statutory requirements for the duration of the partnership, and that all performance contract amendments must be submitted to the agency within 30 days.

1. **Authorizing Policies and Practices**

\_\_\_\_\_\_\_\_\_\_ The district assures that the authorized performance contract(s) for “new Texas partners” will have a term of at least three years.

\_\_\_\_\_\_\_\_\_\_\_ The district assures that it will continuously meet the requirements to authorize an operating partner, as outlined in TAC §97.1079 (relating to Determination Processes and Criteria for Eligible Entity Approval under Texas Education Code §11.174, as amended).

\_\_\_\_\_\_\_\_\_\_ The district assures that it will not authorize performance contracts to partner to operate a campus that are contingent upon overall campus academic performance ratings or the receipt of additional funding relate to TEC §11.174.

1. **Operating Partner Capacity**

\_\_\_\_\_\_\_\_\_\_The district assures that each operating partner has reasonable staff capacity, including at least one full-time equivalent employee in place at the time this application is submitted, necessary to oversee the operation of the campus.

*I, the undersigned, hereby certify that the district has authorized me to provide these assurances as noted by my initials on this and all previous pages.*

Printed Name of District Superintendent

Signature of District Superintendent

Date

Printed Name of President (Board of Trustees)

Signature of President (Board of Trustees)

Date