



Intent to Apply as a Charter School Authorizer

Overview:

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

Instructions:

1. Complete this Intent to Apply Packet form by providing responses to all applicable fields.
2. Attach all applicable required documents as indicated in the form.
3. Email and electronic copy of your completed Intent to Apply Packet, as a single PDF file, including appropriate attachments to: lisa.ford@doe.nv.gov by the deadline (February 9, 2026) indicated on the timeline on the NDE's website.
4. You will receive notice of your eligibility by the date indicated on the timeline on the NDE's website.

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

Primary Contact Name:

Primary Contact Address:

City/State/Zip:

Primary Contact Phone: (____) ____ - ____

Primary Contact Email Address:

Type of Organization (check the appropriate organization):

Nevada System of Higher Education 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

County or City Agency

Name of County or City Agency: _____

Required Attachments:

- 1) A signed letter from the Mayor or City Council authorizing the submission of this application.

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.

Signature of Primary Contact

Date