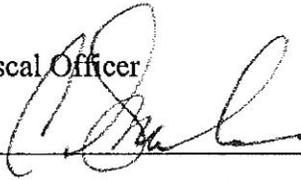


ATTACHMENT 9.3

Certification of Fiscal Officer

I, C. DAVID MASSA, hereby certify that I am licensed as provided for under R.C. 3301.074 (license attached and made a part of this certificate). I hereby certify that I will provide all and all closing responsibilities required by the Sponsor, the School, and the Department of Education should the School close for any reason.

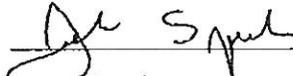
Fiscal Officer



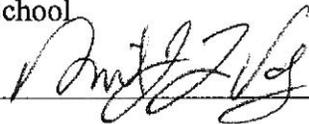
5.8.18

Date

Witnesses




School



5-9-18

Date

Witnesses

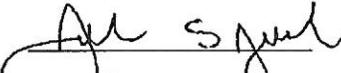
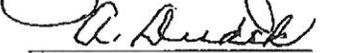



Exhibit A to Attachment 9.3

- Licenses, Transcripts, and Certificates for all hours of training

ATTACHMENT 9.4

- Treasurer's Bond

POWER NO: 34-0858
Power of Attorney

Westfield Insurance Company

1 Park Circle, PO Box 5001, Westfield Center, Ohio 44251-5001

CERTIFIED COPY

Know All Men by These Presents, That **Westfield Insurance Company**, a corporation, hereinafter referred to individually as a "Company" duly organized and existing under the laws of the State of Ohio, and having their principal offices in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint **Jody Malbach** of **Wadsworth** and State of **OH** its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in their name, place and stead, to execute, acknowledge and deliver

Bond Number: **BND 8694035**
Principal Name: **Christopher D Maza (on behalf of HOPE Learning Academy of Toledo)**
Obligee Name: **State of Ohio**
Bond Penalty: \$ **25,000.00**

and to bind the Company thereby as fully and to the same extent as if such bond was signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of the **Westfield Insurance Company**

"BE IT RESOLVED, that the President, any Senior Executive, any Secretary or any Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents cancelling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

"BE IT FURTHER RESOLVED, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000.)

In Witness Whereof, **Westfield Insurance Company**
has caused these presents to be signed by their Senior Executive and their corporate seal to be hereto affixed this 1st day of January A.D., 2012.

By: **Dennis P. Baus, National Surety Leader and Senior Executive**

Affixed
Corporate
Seal



CERTIFICATE

I, **Frank Carrino, Secretary of the Westfield Insurance Company**, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Company at Westfield Center, Ohio, this 13th day of November, A.D., 2017.

By: **Frank Carrino, Secretary**

State of Ohio
County of Medina ss:

On this 1st day of January, A.D., 2012, before me personally came **Dennis P. Baus**, to me known, who, being by me duly sworn, did depose and say, that he resides in **Wooster, Ohio**; that he is **National Surety Leader and Senior Executive of Westfield Insurance Company** the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

Notarial
Seal
Affixed



By:
David A. Kotnik, Attorney at Law, Notary Public
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio
County of Medina ss.:

ATTACHMENT 9.5

- Projected Budget/Financial Plans ✓
- Five-Year Projection of Operational Revenues and Expenditures under R.C. §5705.391 ✓
- Amount of Per-Pupil Expenditure Assumed \$18,757.20
- ODE Per-Pupil Expenditure Worksheet - N/A
- Financial Information Summary (FIS) - N/A
- CCIP, SOES, OEDS-R Forms - signed up for all
- Policies and Procedures Regarding Internal Financial Controls ✓

HOPE Learning Academy of Toledo
Preliminary FY19 Budget Assumptions:

Enrollment:

- 1) Estimated FTEs of 65 which is a 0.84% increase over FY2018 April Enrollment of 64.46.

Revenue:

- 1) Average per pupil State Basic Aid Funding for FY2019 is assumed to be \$6020.
- 2) All other state funding is assumed to remain at levels received in FY2018.
- 3) Levels of grant revenues received are assumed to remain unchanged from FY2018 to FY2019.
- 4) Fundraising or other miscellaneous revenues are included in the preliminary FY2019 budget at the same levels of FY2018.

Staffing:

- 1) It is assumed that all returning staff (Instructional, Administrative & Operations).
- 2) Assumed a 2% increase for all staff.

Key Non-Payroll Related Expenses:

- 1) Sponsor Fees are set at 3% for FY2019 as a percent of revenue
- 2) Since enrollment is not set to increase from FY2018 all expenses are being budgeted based on actual run rate from FY2018.
- 3) No major capital outlay projects are being budgeted for FY2019.

HOPE Learning Academy of Toledo
FY19 Preliminary Operating Budget

	General Fund	Title I	Title IIA	Title IV	IDEA	FY19		FY18		Variance	
						Total	Est. Total	\$	%		
Estimated 2019 FTEs						65	64.46	0.54	0.84%		
Revenue											
State Basic Funding	\$ 775,287					\$ 775,287	\$ 774,590	\$ 697	0.09%		
State Casino /Facility Funding	\$ 16,054					\$ 16,054	\$ 15,629	\$ 425	2.72%		
Federal Revenue - Title I		\$ 28,836				\$ 28,836	\$ 28,836	\$ (0)	0.00%		
Federal Revenue - Title IIA			\$ 5,004			\$ 5,004	\$ 5,004	\$ (0)	0.00%		
Federal Revenue - Title IV				\$ 10,000		\$ 10,000	\$ 10,000	\$ -	0.00%		
Federal Revenue - IDEA					\$ 20,306	\$ 20,306	\$ 20,306	\$ 0	0.00%		
Fundraising / Contributions Funding					\$ 364,000	\$ 364,000	\$ 405,360	\$ (41,360)	-10.20%		
Miscellaneous Funding						\$ -	\$ 2,648	\$ (2,648)	-100.00%		
Total Revenue	\$ 1,155,341	\$ 28,836	\$ 5,004	\$ 10,000	\$ 20,306	\$ 1,219,487	\$ 1,262,373	\$ (42,886)	-3.40%		
Expenses											
Instructional Salaries and Benefits	\$ 963,403	\$ 28,836				\$ 963,403	\$ 933,006	\$ 30,397	3.26%		
Grant Salaries and Benefits						\$ 28,836	\$ 28,836	\$ (0)	0.00%		
Grant Professional Fees			\$ 5,004			\$ 35,310	\$ 35,310	\$ (0)	0.00%		
Professional Fees - Other	\$ 10,436			\$ 10,000	\$ 20,306	\$ 10,436	\$ 11,296	\$ (860)	-7.62%		
Accounting and Auditing	\$ 36,920					\$ 36,920	\$ 27,871	\$ 9,049	32.47%		
Sponsor Fees	\$ 23,259					\$ 23,259	\$ 41,819	\$ (18,560)	-44.38%		
Special Education	\$ 37,944					\$ 37,944	\$ 37,779	\$ 165	0.44%		
Facility Costs - Other	\$ 10,310					\$ 10,310	\$ 9,927	\$ 383	3.86%		
Communications	\$ 12,600					\$ 12,600	\$ 11,694	\$ 906	7.75%		
Office Expenses	\$ 19,335					\$ 19,335	\$ 18,701	\$ 634	3.39%		
Classroom Expenses	\$ 6,000					\$ 6,000	\$ 4,752	\$ 1,248	26.27%		
Technology and Software	\$ 6,320					\$ 6,320	\$ 10,854	\$ (4,534)	-41.77%		
Marketing and Recruitment	\$ 7,800					\$ 7,800	\$ 7,608	\$ 192	2.52%		
Other and Misc Expenses	\$ 17,745					\$ 17,745	\$ -	\$ 17,745	100%		
Interest and Fiscal Charges	\$ 3,000					\$ 3,000	\$ 2,916	\$ 84	2.87%		
Total Expenses	\$ 1,155,072	\$ 28,836	\$ 5,004	\$ 10,000	\$ 20,306	\$ 1,219,218	\$ 1,182,369	\$ 36,849	3.12%		
Surplus / (Deficit)	\$ 269	\$ -	\$ -	\$ -	\$ -	\$ 269	\$ 80,004	\$ (79,735)	-99.66%		

FY18 - May 2018
 IFRN No.: 014091
 Type of School: Brick and Mortar
 Contract Term:

County: Lucas

School Name: Hope Learning Academy of Toledo
 Statement of Receipt, Disbursements, and Changes in Fund Cash Balances
 For the Fiscal Years Ended 2013 through 2017, Actual and
 the Fiscal Years Ending 2018 through 2022, Forecasted

	Actual					Forecasted				
	Fiscal Year 2015	Fiscal Year 2016	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2022	
Operating Receipts										
State Foundation Payments (3110, 3211)	\$ 701,348	\$ 728,813	\$ 624,405	\$ 790,219	\$ 791,341	\$ 796,881	\$ 804,850	\$ 812,898	\$ 812,898	
Charges for Services (1500)	-	-	-	-	-	-	-	-	-	
Fees (1600, 1700)	3,789	-	3,410	2,648	-	-	-	-	-	
Other (1830, 1840, 1850, 1860, 1870, 1890, 319)	208,676	256,542	-	-	-	-	-	-	-	
Total Operating Receipts	\$ 913,813	\$ 985,355	\$ 627,815	\$ 792,867	\$ 791,341	\$ 796,881	\$ 804,850	\$ 812,898	\$ 812,898	
Operating Disbursements										
100 Salaries and Wages	\$ 541,751	\$ 674,682	\$ 772,181	\$ 793,082	\$ 808,923	\$ 825,101	\$ 841,603	\$ 858,436	\$ 858,436	
200 Employee Retirement and Insurance Benefits	162,942	199,436	207,109	168,779	183,316	188,815	194,480	200,314	200,314	
400 Purchased Services	129,202	131,199	128,049	181,154	183,299	188,748	193,932	199,267	199,267	
500 Supplies and Materials	15,149	36,450	26,656	35,147	37,935	39,073	40,245	41,453	41,453	
600 Capital Outlay - New	-	-	-	-	-	-	-	-	-	
700 Capital Outlay - Replacement	-	-	-	-	-	-	-	-	-	
800 Other	33,368	31,418	23,371	1,909	2,745	2,827	2,912	3,000	3,000	
819 Other Debt	-	-	-	-	-	-	-	-	-	
Total Operating Disbursements	\$ 882,412	\$ 1,073,185	\$ 1,157,366	\$ 1,179,452	\$ 1,216,218	\$ 1,244,565	\$ 1,273,173	\$ 1,302,469	\$ 1,302,469	
Excess of Operating Receipts Over (Under) Operating Disbursements	\$ 31,401	\$ (87,830)	\$ (529,551)	\$ (386,585)	\$ (424,877)	\$ (447,684)	\$ (468,323)	\$ (489,571)	\$ (489,571)	
Nonoperating Receipts/(Disbursements)										
Federal Grants (all 4000 except fund 532)	\$ 35,636	\$ 57,677	\$ 89,782	\$ 64,146	\$ 64,146	\$ 64,787	\$ 65,435	\$ 66,090	\$ 66,090	
State Grants (3200, except 3211)	-	-	-	-	-	-	-	-	-	
Restricted Grants (3219, Community School Faci	-	-	-	-	-	-	-	-	-	
Donations (1620)	-	-	401,381	405,360	364,000	364,000	364,000	405,000	405,000	
Interest Income (1400)	-	-	-	-	-	-	-	-	-	
Debt Proceeds (1900)	-	-	-	-	-	-	-	-	-	
Debt Principal Retirement	-	-	-	-	-	-	-	-	-	
Interest and Fiscal Charges	-	-	-	(2,816)	(3,000)	(3,090)	(3,183)	(3,278)	(3,278)	
Transfers - In	-	-	-	-	-	-	-	-	-	
Transfers - Out	-	-	-	-	-	-	-	-	-	
Total Nonoperating Revenues/(Expenses)	\$ 35,636	\$ 57,677	\$ 491,163	\$ 466,590	\$ 425,146	\$ 425,697	\$ 426,253	\$ 467,812	\$ 467,812	
Excess of Operating and Nonoperating Receipts Over/(Under) Operating and Nonoperating Disbursements	\$ 67,037	\$ (30,153)	\$ (38,368)	\$ 80,005	\$ 269	\$ (21,986)	\$ (42,071)	\$ (21,759)	\$ (21,759)	
Fund Cash Balance Beginning of Fiscal Year	\$ 38,215	\$ 88,676	\$ 58,523	\$ 20,135	\$ 100,140	\$ 100,409	\$ 78,422	\$ 36,352	\$ 36,352	
Fund Cash Balance End of Fiscal Year	\$ 105,252	\$ 58,523	\$ 20,135	\$ 100,140	\$ 100,409	\$ 78,422	\$ 36,352	\$ 14,593	\$ 14,593	

Assumptions

	Actual			Forecasted				
	Fiscal Year 2015	Fiscal Year 2016	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022
Staffing/Enrollment			64	64	65	65	65	65
Total Student FTE				20	20	20	20	20
Instructional Staff				8	8	8	8	8
Administrative Staff								
Other Staff								
Purchased Services								
Rent								
Utilities								
Other Facility Costs								
Insurance								
Management Fee								
Sponsor Fee								
Audit Fees								
Contingency								
Transportation								
Legal								
Marketing								
Consulting								
Salaries and Wages								
Employee Benefits								
Special Education Services								
Technology Services								
Food Services								
Other								
Total								
Financial Metrics								
Debt Service Payments	0.00%	0.00%	0.00%	2.91%	3.00%	3.09%	3.18%	3.27%
Debt Service Coverage	0.00%	0.00%	0.00%	0.72%	1.09	-6.12	-12.22	-6.64
Growth in Enrollment	0.00%	0.00%	0.00%	0.00%	0.84%	0.00%	0.00%	0.00%
Growth in New Capital Outlay	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Growth in Operating Receipts	0.00%	7.83%	-36.29%	26.29%	-0.19%	0.70%	1.00%	1.00%
Growth in Non-Operating Receipts/Expenses	0.00%	61.85%	751.58%	-5.00%	-8.88%	0.13%	0.13%	9.75%
Days of Cash	0.04	0.08	0.05	0.02	0.08	0.08	0.06	0.03

Assumptions Narrative Summary
 The School is projecting \$790,219 for FY18 in total State Aid. Current FTEs are at 64.46 for FY18. The School is projecting enrollment to be 65 for FY19-FY22. FY19-22 staffing FTE assumptions are to remain stable. Overall, the projection is for a 2% increase in staffing costs year over year to cover salary increases and benefit increases starting in FY19. All other expenses were calculated on a 3% increase over FY19.

Fiscal Year 20XX-20XX Projected Debt					
Description	Proceeds	Principle Retirement	Interest Expense	Debtholder/Creditor	
FTE	\$ -	\$ -	\$ -		
Loan	\$ -	\$ -	\$ -		
Line of Credit	\$ -	\$ -	\$ -		
Notes, Bonds	\$ -	\$ -	\$ -		
Capital Leases	\$ -	\$ -	\$ -		
Payables (Part)	\$ -	\$ -	\$ -		
Total	\$ -	\$ -	\$ -		



Massa
Financial Solutions, LLC

Financial Policies and Controls Manual

Financial Policies and Controls Manual

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Massa
Financial Solutions, LLC

Fiscal Management Overview

Massa Financial Solutions (MFS) strives to reflect sound economic and accounting policies in the operation of the Schools it serves. MFS believes that having established procedures and strong internal controls is an integral part of delivering the educational model and achieving the overall School mission.

MFS has established the following procedures to maintain internal control over all assets. The purpose for establishing internal control is to provide reasonable assurance that the school will accomplish its objectives of safeguarding assets, providing accurate financial information, promoting operational efficiency and ensuring compliance with laws, regulations and established school policies and procedures.

MFS utilizes SAGE 50 Accounting Software to record the financial transactions of the Schools it serves. This same software is used to generate all of the financial statements and related reports that are presented to stakeholders such as the Board of Directors, Authorizers, and Departments of Education. The accounting system is maintained on a remote server in Cleveland, Ohio that is secured and backed up on a daily basis, thus providing piece of mind to MFS clients that its financial systems are protected. (see Disaster Recovery Plan at end of this document) Additionally, MFS utilizes a secure cloud environment called BOX.com to store scans of all School financial records generated during the course of an engagement with MFS. Finally, as described in the Payroll section of this document, MFS strongly encourages the use of ADP payroll service. This service not only ensures that the School will remain in compliance with its tax reporting and filing obligations, but that all payroll records are protected and available for viewing at any time through password restricted access to the School's private payroll portal.

Finally, MFS employees high quality individuals with several years of charter school experience dating back to 1999. Many of the team members are credentialed as CPAs or have expertise in School Finance. MFS always maintains appropriate levels of professional services insurance or bonds, as required.



Massa
Financial Solutions, LLC

Bank Accounts

General

Bank accounts will be maintained at a financial institution as designated by the Board of Directors. If necessary, separate accounts will be established to account for Payroll expenses and Operating Expense separately. The School Fiscal Officer will maintain online access to these accounts via the bank's website which will allow for regular and timely monitoring of the financial transactions in the school's accounts.

Reconciliation

On at least a monthly basis, the School Fiscal Officer shall reconcile the bank account activity and the activity posted in the School's accounting system. Any reconciling items requiring attention will be adjusted prior to the completion of the following month's bank reconciliation. All reconciliations completed in the system will be published as a standard part of the School's monthly financial package.

Authorized Signatories

Certain designated individuals will be authorized to conduct business on the School's accounts. Such individuals shall be approved by resolution of the Board of Directors and also be on the appropriate signature card on file at the bank. It is recommended that all checks have two signers. Positions authorized for this access could be:

- CEO/ School Leader
- Board President
- Fiscal Officer



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FINANCIAL SOLUTIONS, LLC

Investments

General

If there are sufficient balances on hand, the School may wish to invest a certain amount of School reserve funds in authorized investment vehicles. The Board of Directors shall be solely responsible for authorizing and establishing the School's investment strategy. MFS may assist the Board in this effort by providing information and analysis of eligible investment options, as well as, executing investment transactions.

All investments of the School shall be as permitted under current Ohio law.



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Revenues

State and Federal Programs

Revenues of the School will primarily consist of direct deposits of monies from the State for various State and Federal Programs. Currently, the Schools receive monies from the following sources:

- State Aid (based on the formula)
- National School Lunch and Breakfast Reimbursement
- Title I, IIA, and IDEA Funds, as applicable

Receipts of direct deposits from these sources are recorded as revenue according to their source in the month they are received. However, monies received under the grant programs are credited against an established receivable in the SAGE 50 accounting system in the month they are received. The School's policy is to recognize revenue under the grant programs at the time eligible expenditures are incurred (done monthly) and to establish a receivable for the grant cash that is to be drawn down to cover those expenditures.

Miscellaneous Cash Receipts

General

From time to time, Schools may receive cash on-site. This may be related to special events admissions, book fairs, fundraising, donations or other such sources. Regardless of the source, it is important for the School to account for and safeguard all cash or cash equivalents (checks and money orders) received. To the extent possible, it is recommended that all cash be placed in a combination safe that is kept in the School leader's office. If this is not possible, any monies should, at a minimum be secured in a locked drawer or cabinet.

Revenues – Page Two

Cash Journal

Once money has been received on-site, the School Leader or their designee shall be responsible for logging the amount in the Cash Journal. Each entry should be specific as to the date, the amount, the nature of the receipt, as well as, the initials of the individual making the entry. On a weekly basis, this log should be sent via email to the School Fiscal Officer for review.

Deposits

On a regular and no less than bi-weekly basis (dependent on the amount on hand), the School Fiscal Officer will make arrangements with the School to pick up the monies and deposit it in the School's bank account. All monies shall be recounted at the time of pickup. In order to evidence that this transaction has occurred, the Fiscal Officer will sign and date the cash journal.

Prior to deposit, all cash should be bundled and any checks/ money orders endorsed "For Deposit Only". Once the monies have been deposited, the deposit receipt from the bank shall be maintained with the School's other financial records and be available for review and audit at all times. This activity will also be recorded in the general ledger and reconciled with other cash activity on a monthly basis.



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Accounts Receivable

AR – Federal Funds Expended

As described in the Revenue policy, the School will establish a receivable for the amount of Federal monies expended under the Federal programs in any given month. Once the cash request is generated, and the funds are deposited, the receivable will be credited.

AR - Other

To the extent required, the MFS will generate invoices to outside entities/agencies on behalf of the School. Such invoices will be generated through the SAGE 50 accounting system, reviewed by the Fiscal Officer and sent to the appropriate party for collection.

Upon collection of monies due on a particular invoice, the Fiscal Officer will deposit the funds and credit the appropriate invoice in the accounting system.

AR Monitoring

On a regular basis, no less frequently than monthly, outstanding amounts left unpaid will be reviewed for collectability by the Fiscal Officer. After an amount has remained uncollected after 90 days, a determination will be made (based on the specific circumstances that may exist) as to what action will be taken on the invoice.



Massa
Financial Solutions, LLC

Requisition Policy

General

The School Fiscal Officer is responsible for assuring that all purchases are appropriate and necessary. Therefore, the following policy will be utilized by all staff of the School to requisition needed goods or services.

Requisition Initiation

The purchasing process is initiated when a staff member submits a purchase requisition via email to the School Leader or Business Manager (if one exists).

All requisitions from staff must be sent using the established Requisition Form. This form should be completed in full and attached to the email sent to the address established for requisitions. Requisitions not in the prescribed format will not be approved.

Additional requisitions less than \$1,000 may be made as authorized by the School Leader/ Board of Directors/ School Fiscal Officer via email approval. Requisitions under \$100 may be authorized by the School Leader/ Board of Directors/ Fiscal Officer via verbal approval.

Fiscal Approval

Once the Requisition has been approved by the School Leader or Business Manager, it will then be forwarded to the School Fiscal Officer for budget review and approval. If there are insufficient funds available in the budget or the Fiscal Officer has questions about the requisition, the form will be returned to the originator who will modify the request and return it to the Fiscal Officer. If the modifications are satisfactory, the Fiscal Officer will then approve the requisition and return it to the School for procurement.

Requisition Policy - Page Two

Placing Orders

Once the School receives an approved requisition, the order will be placed. If required by the vendor, a PO may have to be generated. Completed POs will then be used as the basis for contacting the appropriate vendor and placing the order. Only one individual at the School should be authorized to actually place orders with vendors. When orders are placed, the billing address should always be stated as:

School Name

Attn:

School Address

City, State, Zip

Receiving

Once goods and services are received, packing slips shall be reviewed by the receiver. If the goods or services are accurate, the packing slip will be initialed by the receiver and submitted to the Accounts Payable contact at MFS to be matched with the invoice and Purchase Order (or approved requisition) prior to any payment being made. The Accounts Payable process is addressed in a separate policy.

Enforcement

Please note that adherence to the Requisition Policy as described above is of significant importance. Requisitions made outside of this process will not be recognized as liabilities of the School, but of the individual initiating such an order. Exceptions to this policy are only permitted with the express written approval of the School Fiscal Officer. Further, any violation of this policy by members of the School staff may result in disciplinary action.



Massa
FINANCIAL SOLUTIONS, LLC

Accounts Payable and Cash Disbursements

All vendor invoices are received by School personnel and forwarded to the Fiscal Officer. Once an invoice is received it is reviewed for reasonableness or obvious errors. (Invoices are verified by checking extensions, footing, discounts and freight terms.) If a purchase order was issued for the particular good or service invoiced for, it is closed and then matched to the invoice. Once the documents are matched, the Fiscal Officer will assign the specific expense account that should be charged based on the type of cost incurred.

On a daily basis, invoices that are ready to be paid are then entered into the School's SAGE 50 accounting system and then posted to the general ledger. An Accounts Payable Aging report is then generated by the system weekly and reviewed by the Fiscal Officer. Based on available cash balances, checks are then prepared for selected invoices, signed, and sent to vendors on at least a weekly basis. If special circumstances warrant and the Fiscal Officer approves, checks may be cut outside of the normal check run.

Checks are signed electronically by authorized signatories (See Bank Accounts Policy) using the MFS check writing software. The checks and the appropriate back-up documents are then assembled and presented for final review by the Fiscal Officer. Any corrections needed are made immediately. Once the review is completed and any necessary corrections made, the check is then authorized for release and the supporting documents are uploaded to a secure cloud environment.

No manual checks are authorized without consent of the Fiscal Officer.

Finally, all other disbursement transactions outside of the procedures described here require specific approval from the School Fiscal Officer (i.e., transfers, cashier's check, withdrawals) and without such approval are unauthorized.



Payroll and Related Liabilities

The School Leader or designated official is responsible for the monitoring the hiring or employees, authorizing salaries, initiating employment contracts and maintaining the staffing levels approved in the annual budget.

MFS strongly encourages each of its clients to use Automatic Data Processing (ADP), a national payroll provider, to execute its semi-monthly payroll. This will help ensure a timely execution of payroll, the filing of required returns, and overall compliance with current tax laws.

A designated School representative will work closely with MFS to collect all employee paperwork necessary to create an employment profile in the ADP payroll system. All contracts are paid equally over 24 pays unless otherwise designated by the Board of Directors. Additionally, all contracts are pro-rated for varying dates of hire.

Before each pay, any changes (new hire, termination, pay increase, etc) are forwarded to the School Leader for review and approval prior to entering the change into the ADP payroll system and employee records.

The School is responsible for reporting staff absences and the use of substitute employees. Absentee reports are submitted on Friday of each pay period. These reports are submitted to School Administration and are used to update employee leave balances. Leave taken without sufficient leave balances are docked from employee's pay.

Enrollments and notices for all insurances and other deductions are submitted to School Administration on the required forms and maintained in the employee personnel file. Such deductions are made from the employees' pay once approved by the School and MFS.

Upon the completion of preparing the semi-monthly payroll in the ADP system, a "Payroll Preview" is generated by the School and submitted to the Fiscal Officer for review. If no changes are necessary, the Fiscal Officer then authorizes the School to submit the payroll for processing and payment. At the same time, the Fiscal Officer transfers the funds necessary to cover payroll from the Operating account to the Payroll account.

Payroll accounts are reconciled by the Fiscal Officer on a monthly basis.



Massa
Financial Solutions, LLC

Capital Assets

The School will follow a policy of capitalizing individual assets costing greater than \$5,000 or other thresholds as approved by the Board of Directors.

The School through the direction of the Fiscal Officer will maintain a record of all assets owned by the School and meeting the criteria for capitalization in a Schedule of Capital Assets.

The Schedule shall include than the following information:

- Asset tag number
- Description
- Serial number (if available)
- Check number
- Acquisition date
- Estimated life

All depreciation expenses related to the maintaining of these assets will be calculated using the estimated useful lives of the individual assets and recorded in the financial statements of the School through a posting to the SAGE 50 accounting system. Depreciation shall be adjusted in the system on at least a quarterly basis.

At least annually, a physical inventory of the School will be performed by School personnel and reviewed by the Fiscal Officer.

All requests for removal of surplus property, deletions and discards must be approved by the Board of Directors. All requests must be processed through the Fiscal Officer who will review the request and determine if it is reasonable. In no case should equipment be removed or discarded without prior authorization from the Board.



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Business Expense Reimbursement

Employees and Board Members of the School are entitled to reimbursement of business related expenses associated with their performance of official school business. Where applicable, all reimbursements are processed in accordance with U.S. GSA (General Services Administration) guidelines with respect to per diem and mileage rates. Guidelines for reimbursement of business related expenses for School employees are covered more substantially in a separate "Business Expense Reimbursement Policy".

Reimbursement requests must be submitted on a standard form (provided by Fiscal Officer) and completed with all required information (dates, places, business purpose, amount). All requests, with the exception of mileage, shall be accompanied by an original receipt to evidence the expense incurred. Finally, all requests must be signed by the individual seeking reimbursement and their immediate supervisor.

All employees/ Board members are eligible for reimbursement of travel related expenses upon return from their trip. Prepayment for meals and/or lodging is not allowable.

Approved reports are submitted to the Fiscal Officer for processing under the Accounts Payable guidelines.

Expenditures for any items not specifically covered by the "Business Expense Reimbursement Policy" are strictly prohibited and are not reimbursable to the employee, unless pre-approved by the School Leader.



Massa
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Budgeting

The Board of Directors will annually adopt an operating budget for the upcoming School year. The Operating Budget is prepared under the direction of the Board, its designees, and the Fiscal Officer. The final decision making authority with regard to budget issues rests with the Board with input from the Fiscal Officer and School personnel.

Increases, decreases, or other adjustments to the final operating budget that become necessary throughout the year must be presented to the Board for approval. Once approved, the change is recorded in the budget and updated in the SAGE 50 accounting system by the Fiscal Officer. A revised budget is then issued and becomes the new operating budget for the School.

At each regular meeting of the Board AND upon close of each fiscal year, the Fiscal Officer shall present to the Board a Statement that compares YTD actual results to the YTD budget.



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Grant Programs

All applications for supplemental grant funding through State and/or Federal sources (such as Title I, Title IIA, and IDEA funds) require approval of the Board.

Upon receipt of an award notice, a budget document is prepared and then submitted to the Fiscal Officer for review and processing. Once approved by the Fiscal Officer, it is then approved by the Authorized Representative (typically the School Leader) and then forwarded to the Department of Education for review and approval.

Final approved budgets are returned to the Fiscal Officer and are made part of the School's operating budget. The Fiscal Officer is then responsible for monitoring grant award budgets. The School official or program coordinator acts a control agent and is responsible for monitoring any specific compliance issues related to the grant.

Project Cash Requests

Project cash requests related to approved grant programs will be completed and submitted once a month. For the most part, requests for program cash will be supported by expenditures made by the school in the month prior (negative cash request). If there is cash on hand at the time a project cash request is made, this will be taken into consideration and adjusted on the request accordingly.

Final Expenditure Reports

At the conclusion of each Program period and by the due date required (typically September 30th), the School shall submit Final Expenditure Reports for each program detailing and certifying the total amounts expended or obligated during the reporting period. All amounts reported on the Final Expenditure Report shall be supported by underlying financial records that reflect amounts paid to eligible employees and vendors.

Overall, the School shall follow all applicable provisions of the Education Department General Administrative Regs (EDGAR).



Massa
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Month End Closing Procedures

On a monthly basis, MFS staff will conduct a series of closing procedures to ensure the monthly statements are reconciled and reflective of the true financial position of the School. Upon a final review by the Owner/ Partner, MFS will produce a standard set of financial statements that will consist of no less than the following components:

- Statement of Net Assets (Balance Sheet)
- Statement of Revenues, Expenses, and Changes in Net Assets (Income Statement)
- Statement of YTD Budget versus YTD Actual
- YTD Check Register
- Bank Reconciliation for all accounts
- Accounts Payable Aging

These documents will be presented to the Board of Directors at the regularly scheduled meetings for approval. On a monthly basis, the financial statements will be also submitted to the School's Sponsor according to their required schedule.



Community School Funding Adjustments

In Ohio, ORC Section 3314.08 provides that funding for community schools is primarily driven by enrollment that is calculated on an annualized full-time equivalent basis or "FTE". These calculations are based on the monthly submission of specific student data into EMIS. At the end of the year, a final EMIS submission is done and funding is adjusted accordingly. In addition to changes in data, FTE adjustments may also occur through FTE reviews conducted by the ODE to verify the accuracy of data reported. Through either the data submission process and/or an FTE review, adjustments are determined on an annual basis by comparing these "final" results to what the revenues the School actually received during the fiscal year. These adjustments may result in either additional funds being owed to the School (receivable)...or additional funds being owed by the School (payable).

MFS staff will continuously monitor the monthly ODE Settlement Reports and the posting of Final FTE Adjustment Listings on the ODE website for information on necessary adjustments. MFS will also monitor the results of any FTE review for any additional adjustments that may be required. MFS will record all such adjustments (positive or negative) at the time that they are identified. Generally, because these adjustments are determined after the year end of a given fiscal year, MFS will record these adjustments in the appropriate fiscal year on an accrual basis (positive adjustment="receivable" and negative adjustment="payable") up until the 150-day unaudited financial statement deadline. After this deadline, such adjustments will be discussed with the auditor to evaluate materiality and discuss the proper treatment of such adjustments on the School's financial statements.

After properly accounting for the revenue adjustments, MFS staff will work with the community school to identify all contracts and agreements that may be based on a percentage of revenue or number of FTEs. (e.g., often management agreements or sponsor contracts), as well as, determine which components of the ODE Settlement Report should be considered in the calculation. Any such contracts or agreements identified as meeting this requirement will also have amounts paid (or owed) to the other party adjusted accordingly with the final FTE/ Revenues set by the State. If necessary, MFS will work with the School and legal counsel to determine the proper handling of these items. Otherwise, MFS will work to ensure that these parties are aware of the adjustments needed and will also monitor current year invoices received from (or payments made) to these parties to ensure the adjustments are properly and timely accounted for. Should the School end their relationship with one of these providers, any amounts remaining due to School will be payable in full prior to the transition date. Lastly, MFS will advise the School if collateralization of possible future repayments is necessary.



Massa
Financial Solutions, LLC

Audit

The School will undergo an annual independent financial audit by a State Agency or independent firm qualified to perform audits of charter schools. In cases where the auditor is an independent firm, the Board of Directors shall make the selection after review of proposals from interested firms. The auditor will perform their audit in accordance with Generally Accepted Accounting Principles (GAAP), Generally Accepted Auditing Standards (GAAS) and Government Auditing Standards to determine whether the financial statements are fairly presented, financial reporting controls and policies have been properly designed and implemented, and whether the School has complied with all applicable laws and regulations. The auditor shall only render an opinion on the fair presentation of the financial statements. Additionally, if the School has expended over \$750,000 in federal monies, the auditor shall be required to perform a Single Audit of the School in accordance with OMB Circular A-133. Throughout the course of any audit, MFS will support the School and audit team by answering questions, being a liaison between the School and the audit staff, and providing all of the underlying records that support the amounts and disclosures contained in the School's financial statements.

Once the audit is completed, it will be released and made available to all stakeholders.



Massa Financial Solutions, LLC
Disaster Recovery
September 29, 2017



Overview

In this document, FIT outlines the disaster recovery plans and options for Massa Financial Solutions, LLC as it pertains to the business-critical platform for the organization hosted within VMware vCloud Suite.

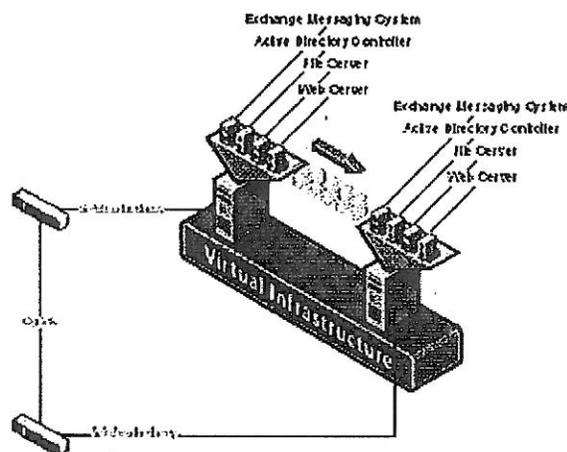
VMware/OVH vCloud

All Massa Financial Solutions' servers are hosted in a fully redundant server cluster using the OVH vCloud Air solution offering. This cluster is hosted within a vCloud Air datacenter with redundant uninterruptible power and generator backup.

vCloud Air is an enterprise-level virtualization service offering powered by OVH. Virtualization hides the physical characteristics of a computing resource from its applications and/or end users. This makes a single physical resource (such as a server, an operating system, an application, or storage device) appear to function as multiple logical resources; or it can include making multiple physical resources (such as storage devices or servers) appear as a single logical resource. Hosting servers in this environment provides ease of storage, backup of stored data and redundant power systems.

By virtualizing the systems in place, an additional means of failover can be utilized. Normally, if a system fails all of its roles are unavailable until that system is replaced. In a virtual environment, it is possible to configure virtual machines to host those critical roles on a shared storage platform allowing the virtual machines to be re-attached to another system which will return the environment to an operational state.

The image below depicts virtual servers running on a physical server in a virtual infrastructure environment. The diagram demonstrates the virtual hosts' portability from one physical server to another across a redundant switched network. The diagram assumes a shared storage system is attached to each of the two systems.



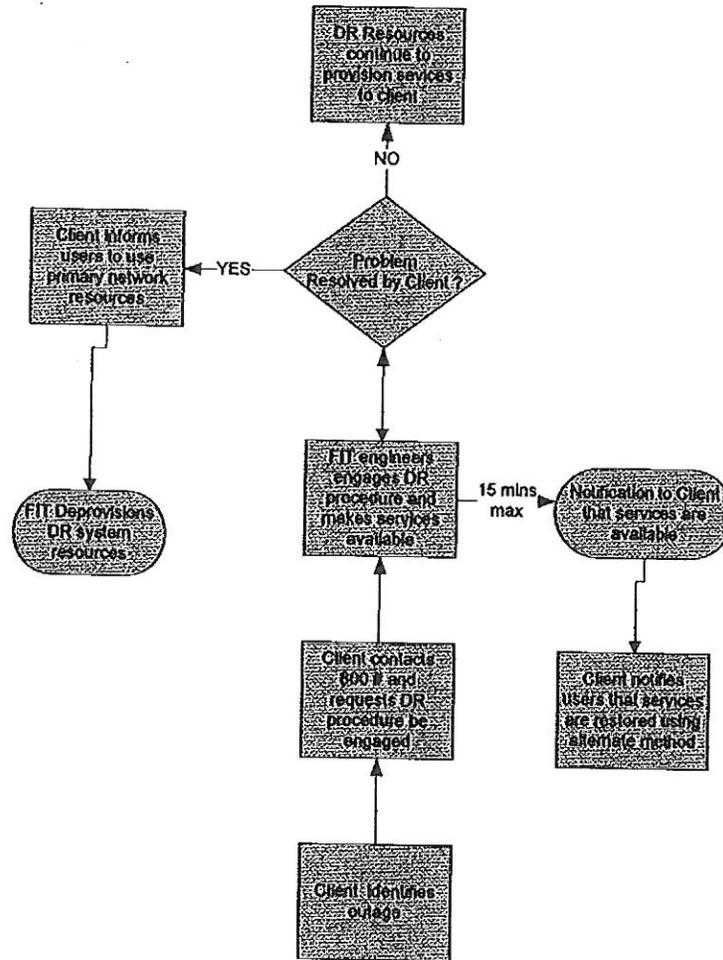
Security

To secure the Local Area Network (“LAN”) environment from outside intrusion, the hosted service solution uses a software based edge gateway firewall in the OVH datacenter core environment. The edge gateway provides firewall protection for incoming and outgoing traffic which denies or permits passage based on the latest content security, encryption, identity authentication, authorization. The firewall is customized by FIT engineers for Massa Financial Solutions’ access needs and business policies and will provide flexibility for adding capabilities or upgrades.

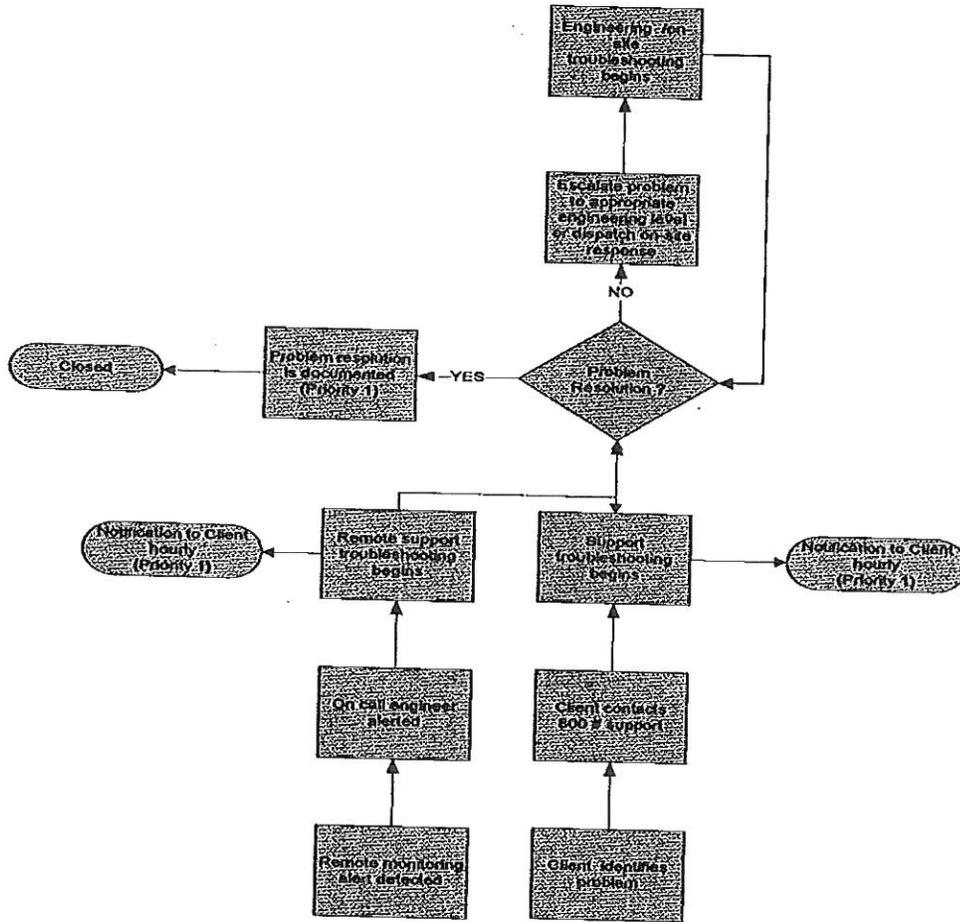
Data Protection Service (“DPS”)

With the vCloud Air service offering, DPS is provided for all Massa Financial Solution servers. DPS is a policy-based data and recovery solution that provides image based backups on a daily basis. The service ensures that all operating system, file system, and application data hosted on the Massa Financial Solution servers are captured as a snapshot image. All imaged based backups have a retention period of ninety (90) days.

DISASTER ESCALATION PROCEDURES



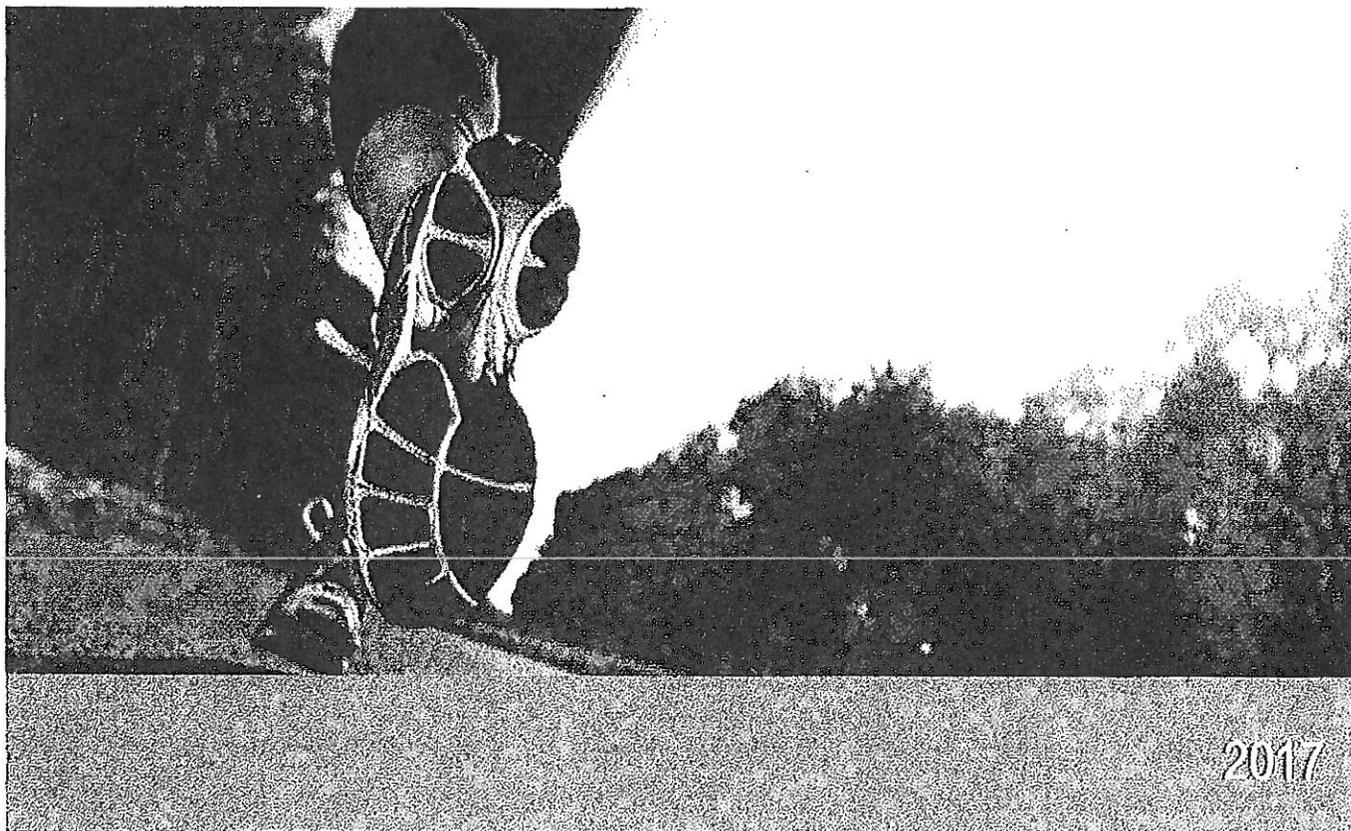
NON-DISASTER ESCALATION PROCEDURES



ATTACHMENT 10.1

- Insurance Binders, Declaration Sheets

Hope Learning Academy of Toledo



Employee Benefit Highlights

Hope Learning Academy of Toledo



2017 Benefits at a glance

Medical Insurance

Anthem Blue Cross and Blue Shield PPO Plan - Hope Learning Academy of Toledo provides a medical plan that includes a \$500 deductible per individual and 70% coverage when using an in-network provider. In addition, you have a \$20 copay for a physician office visit.

Anthem Blue Cross and Blue Shield HSA Plan - Hope Learning Academy of Toledo provides a medical plan that includes a \$2,600 deductible per individual and 100% coverage when using an in-network provider.

Dental Insurance

Delta Dental of Ohio provides rich benefits with the freedom of seeing any dentist (contracted or not); Your benefits will be greater when you receive care from a contracted dentist.

Vision Insurance

Superior Vision Services, Inc. provides coverage for eye exams and vision hardware (lenses and frames) subject to plan limitations.

Health Savings Account (HSA)

You may elect to participate in the HSA plan offered by Key Bank via payroll deduction to help you pay for qualified health care expenses.



Cost of Coverage: *How You Pay for Health Care Costs*

You share the cost of health care services with Hope Learning Academy of Toledo and the medical plan you select. As you review the medical plan options you should consider the following types of costs:

Premium: A premium is the total cost for your medical insurance. You and Hope Learning Academy of Toledo share this cost. You pay your portion through pre-tax payroll deductions.

Deductible: A deductible is the amount you must pay before the medical plan begins sharing the cost of services. You pay this full amount, if required by your plan, before the plan pays benefits.

Copay: A copay is a set payment you make for a specific service. For example, in the Anthem Blue Cross and Blue Shield Medical PPO plan you will make a \$20 copay for visits to your primary care physician.

Coinsurance: When you are paying coinsurance, you are sharing a percentage of the cost of services with the medical plan. For example, in the Anthem Blue Cross and Blue Shield PPO plan, after you satisfy your deductible, you will pay 70% for most medical care that you receive from preferred providers.

Out-of-Pocket Maximum: The annual out-of-pocket maximum protects you from major medical expenses. This is the most you would pay and includes your medical deductible, copays and coinsurance, for eligible expenses during a plan year. Once you reach the out-of-pocket maximum, the plan pays 100% of the usual, customary and reasonable charges for the balance of the calendar year.

Your Total Costs

Remember, the total cost you pay for health care services in a plan year is the combination of your out-of-pocket costs when you access medical care and the premium payments you are required to make for coverage.

$$\text{Premiums} + \text{Out-of-Pocket Costs} = \text{Total Cost of Health Care}$$

Depending on your personal situation, the plan with the lowest deductibles and copays may not be the best plan for you—it is important to also take into account the premium you will pay for coverage when deciding which plan is best for you and your family. If you are in generally good health, it may make more sense to enroll in the Anthem Blue Cross High Deductible plan. This plan offers the lowest premium cost and the chance to save money in an HSA.

Benefit Description	Anthem Blue Cross and Blue Shield Medical PPO Plan	Anthem Blue Cross and Blue Shield Medical HSA Plan
Specialist office visit	\$40 copay	100% after deductible
Preventive and wellness	100%	100%
Complex Radiology	70% after deductible	100% after deductible
Inpatient hospital care	70% after deductible per admit	100% after deductible per admit
Emergency room services	\$250 copay, waived if admitted; then 70% after deductible	100% after deductible
Retail Prescription Drugs 30 days	Generic: \$10 copay Formulary: \$35 copay Non Formulary: \$70 copay Preferred Specialty: 25% to \$250 max	Generic: \$10 copay after deductible Formulary: \$35 copay after deductible Non Formulary: \$70 copay after deductible Preferred Specialty: 25% to \$250 max after deductible
Mail Order Prescriptions 90 days	Generic: \$20 copay Formulary: \$105 copay Non Formulary: \$210 copay Preferred Specialty: 25% to \$250 max	Generic: \$20 copay after deductible Formulary: \$105 copay after deductible Non Formulary: \$210 copay after deductible Preferred Specialty: 25% to \$250 max after deductible
Cost per Month :		
Employee	\$112.44	\$92.99
Employee & Spouse	\$247.15	\$204.40
Employee & Child(ren)	\$189.80	\$156.97
Employee & Spouse & Child(ren) (Family)	\$347.11	\$287.06

Coinsurance percentages shown in the above plan descriptions represent the percentages paid by the health plan.

Receiving Deductible Credit from Paramount:

In order to receive credit for any amount of your deductible that you have met from January 1, 2017 to July 31, 2017 with Paramount, you must complete the Anthem Deductible Credit Form attached. Along with the form, you will need to attach the most recent Explanation of Benefits (EOB) for each member of your family on the plan. Once all the information is gathered, you will need to send all documents to Anthem at the address listed at the top of the form. You are, unfortunately, unable to email or fax in these forms, they must physically be mailed.

These forms can be submitted within 30-60 days after your effective date, August 1, 2017. This is to ensure that all claims, especially any rendered during July 2017, are included in your final counts.

Vision

Are you really seeing your best? Or are you simply used to the view? With good vision, your experiences are clearer, sharper and brighter.

Vision examinations not only determine the need for corrective eye wear but also may help detect other general health problems such as glaucoma, cataracts, and diabetes. Plus, eye exams for children can help detect problems that can impact learning and development.

Dollar for dollar, you get the best value from your vision care plan when you visit a Superior Vision Services, Inc. network doctor. If you decide not to see a Superior Vision Services, Inc. doctor, the Out of Network plan copays will still apply. The choice is yours—either way, your vision benefits are a tremendous part of your overall benefits package.

Benefit Description	Superior Vision Services, Inc. Vision 31938 PPO Plan	
	In Network	Out-of-Network
Copay (per person)	Examination - \$10 copay Materials - \$25 copay Exams - 12 months Lenses - 12 months Contacts - 12 months Frames - 24 months	Examination - \$34 allowance Materials - \$25 copay
Frequency Limits		
Exams	\$10 copay	\$34 allowance
Single Vision Lenses	100%	\$29 allowance
Bifocal Lenses	100%	\$43 allowance
Trifocal Lenses	100%	\$53 allowance
Frames	\$100 allowance	\$47 allowance
Contact Lenses (instead of prescription glasses)	100%	\$210 allowance
Cost per pay period:		
Employee		\$1.12
Employee & Spouse		\$2.22
Employee & Child(ren)		\$2.18
Employee & Spouse & Child(ren) (Family)		\$3.31

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: PPO \$500, 70% coinsurance. PPO HSA \$2,600, 100% coinsurance.

NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact person listed at the end of this summary.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Justin Bryson
4234 Monroe Street
Toledo, Ohio United States 43606
419-297-6313
jbryson@hopelearningacademy.org

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

Important Notice from Hope Learning Academy of Toledo About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Hope Learning Academy of Toledo and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Hope Learning Academy of Toledo has determined that the prescription drug coverage offered by the Anthem Blue Cross Blue Shield is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Hope Learning Academy of Toledo coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Hope Learning Academy of Toledo coverage, be aware that you and your dependents will be able to get this coverage back during open enrollment or in the case of a special enrollment opportunity.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	08/01/2017
Name of Entity/Sender:	Hope Learning Academy of Toledo
Contact--Position/Office:	Human Resources
Address:	4234 Monroe Street, Toledo, OH 43606
Phone Number:	419-297-6313

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://ec.anthem.com/ecodps/aso>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (855) 333-5735 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$500/single or \$1,500/family for In-Network Providers. \$1,000/single or \$3,000/family for Out-of-Network Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Prescription Drugs, Preventive care, Primary Care visit, Specialist visit, and Vision exam for In-Network Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$3,000/single or \$6,000/family for In-Network Providers. \$6,000/single or \$12,000/family for Out-of-Network Providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Non-Network Transplant Services, Premiums, Balance-Billing charges, and Health Care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes, Blue Access. See www.anthem.com or call (855) 333-5735 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral?	No.	You can see the specialist you choose without a referral.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	pharmacy deductible does not apply (retail) and 25% coinsurance up to \$250/prescription	greater (retail)		
	pharmacy deductible does not apply (home delivery)			
If you need immediate medical attention	Facility fee (e.g., ambulatory surgery center)	30% coinsurance	50% coinsurance	-----none-----
	Physician/surgeon fees	30% coinsurance	50% coinsurance	
	Emergency room care	\$250/visit then 30% coinsurance medical deductible does not apply	Covered as In-Network	Copay waived if admitted.
	Emergency medical transportation	30% coinsurance	Covered as In-Network	-----none-----
	Urgent care	\$75/visit medical deductible does not apply	50% coinsurance	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	30% coinsurance	50% coinsurance	Physical medicine and rehabilitation services (including day rehabilitation programs) are limited to 60 days of care regardless of the provider's network status.
	Physician/surgeon fees	30% coinsurance	50% coinsurance	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit \$20/visit medical deductible does not apply Other Outpatient 30% coinsurance	Office Visit 50% coinsurance Other Outpatient 50% coinsurance	
	Inpatient services	30% coinsurance	50% coinsurance	
	Office visits	\$20/visit medical deductible does not apply	50% coinsurance	
	Childbirth/delivery professional services	30% coinsurance	50% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery facility services	30% coinsurance	50% coinsurance	100 visits/benefit period. Limit does not include I.V. therapy.
If you need help recovering or have other special	Home health care	30% coinsurance	50% coinsurance	
	Rehabilitation services	\$40/visit medical	50% coinsurance	*See Therapy Services section

* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? **Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

Language Access Services:

- Kirundi (Kirundi):** Ugize ikibazo icyo arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rutimi rwawe ata giciro. Kugira uvugisha umusemuzi, akura (855) 333-5735.
- Korean (한국어):** 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (855) 333-5735 로 문의하십시오.
- Lao (ພາສາລາວ):** ຖ້າທ່ານມີຄຳຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ເພື່ອໄດ້ມັກບ່າມເປັນພາສາ, ໃຫ້ໃບຫາ (855) 333-5735.
- Navajo (Diné):** Dii naaltsos bika'ígíí káhgó bína'í káá'ígíí dóó bee ahóót'í' t'áá ni nizaad k' ehjí bee níí' hódóonih t'áádoó b'ááh ílínígóó. Ata' halné'ígíí ká' bich'í' hadeesdzih' nínízingo kó'í' hódíílnih (855) 333-5735.
- Nepali (नेपाली):** यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक्क तपाईंसँग छ। दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (855) 333-5735
- Oromo (Oromifaa):** Sanadi kanaa wajjin walqabaate gaffi kamiyyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf miigaa qabdaa. Turjumaana dubaachuuf, (855) 333-5735 bilbilla.
- Pennsylvania Dutch (Deutsch):** Wann du Frooge iwwer selle Document hoscht, du hoscht die Recht um Hilfe un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwwersetze zu schwetze, ruff (855) 333-5735 aa.
- Polish (polski):** W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (855) 333-5735.
- Portuguese (Português):** Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (855) 333-5735.
- Punjabi (ਪੰਜਾਬੀ):** ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (855) 333-5735 ਤੇ ਕਾਲ ਕਰੋ।
- Romanian (Română):** Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (855) 333-5735.
- Russian (Русский):** если у вас есть какие-либо вопросы в отношении данного документа, вы можете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с русским переводчиком, позвоните по тел. (855) 333-5735.

Language Access Services:

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building, Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

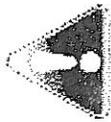
 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://oc.anthem.com/eocdps/asc>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (855) 333-5735 to request a copy.**

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$2,600/single or \$5,200/family for In-Network Providers. \$5,000/single or \$10,000/family for Out-of-Network Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care for In-Network Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$3,500/single or \$7,000/family for In-Network Providers. \$7,000/single or \$14,000/family for Out-of-Network Providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Non-Network Transplant Services, Premiums, Balance Billing charges, and Health Care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes, Blue Access. See www.anthem.com or call (855) 333-5735 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral?	No.	You can see the specialist you choose without a referral.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information	
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)		
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	30% coinsurance	Physical medicine and rehabilitation services (including day rehabilitation programs) are limited to 60 days of care regardless of the provider's network status.	
	Physician/surgeon fees	0% coinsurance	30% coinsurance		
	Outpatient services	Office Visit	0% coinsurance		Office Visit -----none-----
		Other Outpatient	0% coinsurance		Other Outpatient -----none-----
		Inpatient services	0% coinsurance		30% coinsurance
	If you need mental health, behavioral health, or substance abuse services	Office visits	0% coinsurance		30% coinsurance
		Childbirth/delivery professional services	0% coinsurance		30% coinsurance
		Childbirth/delivery facility services	0% coinsurance		30% coinsurance
		Home health care	0% coinsurance		30% coinsurance
	If you are pregnant	Rehabilitation services	0% coinsurance		30% coinsurance
Habilitation services		0% coinsurance	30% coinsurance		
Skilled nursing care		0% coinsurance	30% coinsurance		
Durable medical equipment		0% coinsurance	30% coinsurance		
Hospice services		0% coinsurance	0% coinsurance		
If you need help recovering or have other special health needs	Children's eye exam	0% coinsurance	30% coinsurance	*See Therapy Services section	
	Children's glasses	Not covered	Not covered		
	Children's dental check-up	Not covered	Not covered		
If your child needs dental or eye care	Children's dental check-up	Not covered	Not covered	*See Vision Services section	
	Children's dental check-up	Not covered	Not covered		
Excluded Services & Other Covered Services:					
Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)					
• Abortion	• Acupuncture	• Bariatric surgery	• Routine foot care unless you have been diagnosed with diabetes.		
• Cosmetic surgery	• Dental care (adult)	• Dental Check-up			
• Glasses for a child	• Hearing aids	• Infertility treatment			
• Long-term care	• Non-emergency care when traveling outside the U.S.				
• Weight loss programs					

* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$2,600
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services

like:

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

Total Example Cost \$12,840

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,600
Copayments	\$80
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,740

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$2,600
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services

like:

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

Total Example Cost \$7,460

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$756
Copayments	\$2,744
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$21
The total Joe would pay is	\$3,521

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$2,600
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services

like:

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

Total Example Cost \$2,010

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,925
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,925

The plan would be responsible for the other costs of these EXAMPLE covered services.

Language Access Services:

German (Deutsch): Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (855) 333-5735.

Greek (Ελληνικά): Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (855) 333-5735.

Gujarati (ગુજરાતી): જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષણિ સાથે વાત કરવા માટે, કોલ કરો (855) 333-5735.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nempòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (855) 333-5735.

Hindi (हिंदी): अगर आपके पास इस दस्तावेज़ के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें (855) 333-5735 ।

Hmong (White Hmong): Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (855) 333-5735.

Igbo (Igbo): O bur u na i nwere ajiuju o bula gbasara akwuikwo a, i nwere ikike inweta enyemaka na ozi n'asusu gi na akwughị ugwo o bula. Ka gi na okowa okwu kwuo okwu, kpoo (855) 333-5735.

Ilokano (Ilokano): Nu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken impormasyon babaen ti lengnahanem nga awan ti bayad na. Tapno makarungtong ti maysa nga tagipatarus, awagan ti (855) 333-5735.

Indonesian (Bahasa Indonesia): Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (855) 333-5735.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (855) 333-5735

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなた の言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(855) 333-5735 にお電話ください。

Khmer (ខ្មែរ): បើអ្នកមានសំណួរផ្សេងៗទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ ដើម្បីជជែកជាមួយអ្នកបកប្រែ តូចមហ្ម (855) 333-5735 ។



2017 Benefit Selections

Effective: 08/01/2017

Forms Due: July 13, 2017

Coverage	Plan Election	
Group Medical Insurance <u>Anthem BCBS Plan</u> \$500/\$1,500 Deductible 70/30% Coinsurance \$20/\$40 Office Visit Copay \$10/\$35/\$70/25% Rx	<input type="checkbox"/> Enroll for PPO Plan Finalize Election in FormFire	
<u>Anthem BCBS Plan</u> \$2,600/\$5,200 Deductible 100/0% Coinsurance	<input type="checkbox"/> Enroll for HSA Plan Finalize Election In FormFire	
<u>Waive Coverage</u> No Medical Coverage	<input type="checkbox"/> I decline medical Finalize Election in FormFire	
Dental Insurance Delta Dental	<input type="checkbox"/> Enroll for dental Form Required	<input type="checkbox"/> I decline dental No form Required
Vision Insurance Superior Vision	<input type="checkbox"/> Enroll for vision Form Required	<input type="checkbox"/> I decline vision No form Required
	Enroll for 2017	Decline for 2017
Health Savings Account Key Bank	<input type="checkbox"/> Form required	<input type="checkbox"/> Form Required

Print Name _____

Employee Signature _____

Date _____

*By signing this form, I understand that the elections chosen above will become effective August 1, 2017 and changes can only be made in conjunction with a qualifying life event. I am also acknowledging that I have received the benefits enrollment guide along with accompanied compliance notices. Notices include:

- Anthem SBCs for both the PPO and HDHP HSA plans
- Women's Health Cancer Rights Act
- Newborns Act Disclosure
- Notice of Special Enrollment Rights
- Statement of ERISA Rights
- Notice of Privacy Practices
- Medicare Part D Notice
- CHIP Notice

Return this page to Human Resources by July 13, 2017.
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**HOPE Learning Academy of Toledo
HSA Flexible Benefit Plan
2017- 2018 Election Form**

Name: _____ Social Security No.: _____

Address: _____

Election of Health Savings Account Compensation Reduction Agreement

I elect NOT to receive medical reimbursements.

I elect to receive medical reimbursements for the following fiscal year: August 1, 2017 to July 31, 2018. The amount of compensation reduction for the year ((not to exceed \$3,400 Single, \$6,750 Family (*in calculating limitation include any Employer matching contribution*)) shall be as follows:**

\$/Pay Period	# of Pay Periods	Annual Election
_____	_____	_____
=		_____

I am at least age 55 and I elect to receive additional medical reimbursements for the following fiscal year: August 1, 2017 to July 31, 2018. The amount of compensation reduction for the year (not to exceed \$1,000) shall be as follows:**

\$/Pay Period	# of Pay Periods	Annual Election
_____	_____	_____
=		_____

I and HOPE Learning Academy of Toledo hereby agree that my cash compensation will be reduced by the amount set forth above, during the above fiscal year (or during such portion of the year as remains after the date of this agreement, or after the date of a new agreement submitted by employee). I acknowledge and understand I may each month during the fiscal year change my compensation reduction by submitting a new form.**

Employee's Signature

Date: _____

Accepted and agreed to by HOPE Learning Academy of Toledo. In addition, HOPE Learning Academy of Toledo agrees for the above fiscal year HOPE Learning Academy of Toledo will contribute for and on behalf of the employee into the employee's Health Savings Account an amount of \$2.00 for every \$1.00 the employee contributes through compensation reduction up to an amount not to exceed \$600.00 (an employee contribution of \$300.00 would max out Employer matching).

By: _____

Date: _____

**The pay reduction or a change in your elected pay reduction may not be effective for any pay period that begins before you have signed this form or a new form and return it to Justin Bryson.

ATTACHMENT 11.6

- **Contract Renewal Rubric**

ATTACHMENT 11.6, Part I

**North Central Ohio Educational Service Center
Community School Accountability Plan & Scoring Rubric**

Annual Review and Renewal Application

Academic Performance- (Not all data points are applicable to all schools)

School Year/ Measurement	PI (Performance Index)	IM (Indicators Met)	Value Added (Growth)	K – 3 Literacy (if applicable)	AMOs (Gap Closing)	Prepared for Success (if applicable)	Graduation Rate (4YR) (if applicable)	Graduation Rate (5YR) (if applicable)
FY2017								
FY2016								
FY2015								
FY2014								
FY2013								

1. Is the school meeting acceptable standards according to the existing Ohio Local Report Card?
2. Are students making sufficient growth to attain grade level proficiency? (1 or more academic year)
3. Is the school showing progress with interventions provided with students who are reading below grade level?
4. Are students graduating from high school?

Performance Index (PI)	Indicators Met (IM)	Overall, SWD, & Lowest 20% V/A/Growth	K – 3 Literacy	AMOs (Gap Closing)	Prepared for Success (if applicable)	Graduation Rate(4YR)	Graduation Rate(5YR)
3 Points: Contract term average 90% – 100% with letter grade of (A) (Exceeds Standard)	3 Points: Contract term average 90% – 100% with letter grade of (A) (Exceeds Standard)	3 Points: Contract term average composite V/A grade of (A) or (B) (Exceeds Standard)	3 Points: Contract term average 80% - 100% with letter grade of (A) (Exceeds Standard)	3 Points: Contract term average 90% – 100% with letter grade of (A) (Exceeds Standard)	3 Points: Contract term average 85% – 100% with letter grade of (A) (Exceeds Standard)	3 Points: Contract term average 93% – 100% with letter grade of (A)	3 Points: Contract term average 95% – 100% with letter grade of (A)
2 Points: Contract term average 70 % – 89.9 % with letter grade of grade of (B) or (C) (Meets Standard)	2 Points: Contract term average composite V/A grade of (C) (Meets Standard)	2 Points: Contract term average composite V/A grade of (C) (Meets Standard)	2 Points: Contract term average 45 % – 79.9 % with letter grade of grade of (B) or (C) (Meets Standard)	2 Points: Contract term average 70 % – 89.9 % with letter grade of grade of (B) or (C) (Meets Standard)	2 Point: Contract term average 65 % – 84.9 % with letter grade of (B) (Meets Standard)	2 Points: Contract term average 84 % – 92.9 % with letter grade of grade of (B) or (C) (Meets Standard)	2 Points: Contract term average 85% – 94.9% with letter grade of (B) or (C)
1 Point: Contract term average 50 % - 69.9 % with letter grade of (D) (Does Not Meet	1 Point: Contract term average composite V/A grade of (D)	1 Point: Contract term average 25 % - 44.9 % with letter grade of (D)	1 Point: Contract term average 60 % - 69.9 % with letter grade of (D) (Does Not Meet	1 Point: Contract term average 60 % - 69.9 % with letter grade of (D) (Does Not Meet	1 Point: Contract term average 15 % – 64.9 % with letter grade of (C) or (D)	1 Point: Contract term average 79 % – 83.9 % with letter grade of grade of	1 Point: Contract term average 80 % – 84.9 % with letter

Standard)	(Does Not Meet Standard)	(Does Not Meet Standard)	(Does Not Meet Standard)	Standard)	(D)	grade of (D)
0 Points: Contract term average below 50% with letter grade of (F) (Falls Far Below Standard)	0 Points: Contract term average below 50% with letter grade of (F) (Falls Far Below Standard)	0 Points: Contract term average composite VA grade of Contract term average composite VA grade of (F) (Falls Far Below Standard)	0 Points: Contract term average below 25% with letter grade of (F) (Falls Far Below Standard)	0 Points: Contract term average below 60% with letter grade of (F) (Falls Far Below Standard)	0 Points: Contract term average below 15% with letter grade of (F) (Falls Far Below Standard)	0 Points: Overall Graduation Rate equals (F) (Falls Far Below Standard)

Total Points Possible = ___ / ___ earned (total may vary due to applicability of some components) **Weight = 20% of contract renewal application**

Charter Contract Monitoring Measures

Education Program- Is the school implementing the terms of the education program as defined in the current charter contract?

The School implemented the material terms of the education program in all material aspects and the education program in operation reflects the material terms as defined in the charter contract, or the school has gained approval from the NCOESC for a charter modification to the material terms.

Education Requirements- Does the school materially comply with applicable laws, rules, regulations, and provisions of the charter contract relating to education requirements? Including but not limited to the following:

- Academic Program Assurances Instructional days or hours requirements
- Graduation requirements
- Promotion and Acceleration requirements
- Alignment with Ohio's Learning Standards
- State Assessments
- Implementation of mandated programming as a result of state or federal funding.

Students with Disabilities- Is the school protecting the rights of students with disabilities? Consistent

Score 1 (Meets Standard)	Score 0 (Does not meet Standard)	NOTES

<p>with the school's status and responsibilities as an LEA, the school materially complies with applicable laws, rules, regulations, and provisions of the charter contract (including IDEA, Section 504, and ADA) relating to the treatment of students with identified disabilities and those suspected of having a disability, including but not limited to:</p> <ul style="list-style-type: none"> • Equitable access and opportunity to enroll • Identification and referral • Appropriate development and implementation of IEPs and 504 Plans • Operational compliance, including provision of services in the LRE, and appropriate inclusion in the school's academic program, assessments, and extracurricular activities • Discipline, including due process protections, manifestation determinations, and behavioral intervention plans • Access to the school's facility and program to students in a lawful manner and consistent with students' IEPs or 504 Plans • Appropriate use of all available funding • The school is on a Corrective Action Plan and is actively making progress to cure the deficiency. 		
<p>*English Language Learners (ELL) Students- Is the school protecting the rights of ELL students?</p> <p>The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract relating to requirements regarding English Language Learners (ELLs), including but not limited to:</p> <ul style="list-style-type: none"> • Equitable access and opportunity to enroll • Required policies related to the service of ELL students • Compliance with native language communication requirements • Proper steps for identification of students in need of ELL services • Appropriate and equitable delivery of services of identified students • Appropriate accommodations on assessments • Exiting of students from ELL services-Ongoing monitoring of exiting students 		
<p>Governance Requirements — Is the school complying with governance requirements?</p> <p>The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract relating to governance by its board, including but not limited to:</p> <ul style="list-style-type: none"> • Board policies, including those related to oversight of an Education Service Provider (ESP), if applicable • Board Bylaws • Board Training 		

	<ul style="list-style-type: none"> • Sunshine Laws: proper notice of meetings, changes to meeting times/locations, cancellation notices, and starting on time • Code of Ethics • Conflicts of Interest • Board composition and/or membership rules • Compensation for attendance at meetings 	
	<p>*Management Accountability- Is the school holding management accountable?</p> <p>The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract relating to oversight of school management, including but not limited to:</p> <ul style="list-style-type: none"> • Maintaining authority over management, holding it accountable for performance as agreed under written performance agreement, and requiring annual financial reports of the ESP • Oversight of management that includes holding it accountable for performance expectations which may or may not be agreed to under a written performance agreement 	
	<p>Reporting Requirements- Is the school complying with reporting requirements?</p> <p>The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract relating to relevant reporting requirements to the ESC, ODE, and/or federal authorities, including but not limited to:</p> <ul style="list-style-type: none"> • Accountability tracking • Attendance and enrollment reporting • Compliance and oversight • Additional information requested by RCS 	
	<p>Attendance Requirements- Is the school supporting attendance requirements?</p> <p>The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract relating to attendance goals by, including but not limited to:</p> <ul style="list-style-type: none"> • Reducing truancy • Incentives • Promoting daily student attendance • Promoting student retention • Counseling parents 	
	<p>Students - Is the school protecting the right of all students?</p> <p>The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract relating to the rights of students, including but not limited to:</p>	

<ul style="list-style-type: none"> • Policies and practices related to admissions, lottery, waiting lists, fair and open recruitment, and enrollment (including rights to enroll or maintain enrollment) • The collection and protection of student information • Due process protections, privacy, civil rights, and student liberties requirements including First Amendment protections and the prohibition of public schools from engaging in religious instruction • Conduct of discipline • 		
<p>Highly Qualified Staffing- Is the school meeting teacher and other staff credentialing requirements?</p> <p>The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract relating to State certification requirements and Federal HQT requirements.</p>		
<p>Employee Rights- Is the school respecting employee rights?</p> <p>The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract relating to employment considerations, including those relating to the FMLA, ADA, and employment contracts</p>		
<p>Background Checks- Is the school completing required background checks for all employees?</p> <p>The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract relating to background checks of all applicable individuals.</p>		
<p>Health & Safety- Is the school complying with facilities and transportation requirements?</p> <p>The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract relating to the school facilities, grounds, and transportation, including but not limited to:</p> <ul style="list-style-type: none"> • Americans with Disabilities Act (ADA) • Health and Safety Inspections (Fire, Health, etc.) • Certificate of Occupancy • Liability Insurance Coverage • Student Transportation • Safety Plan Submission to Safer Schools/ Department of Homeland Security • Fire, Emergency Evacuation & Tornado Drills 		
<p>Health & Safety- Is the school complying with health & safety requirements?</p> <p>The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract relating to safety and the provision of health-related services, including but not limited to:</p> <ul style="list-style-type: none"> • Nursing services and dispensing of medication to students (screenings, logs, policies) • Food Service Inspections 		

<ul style="list-style-type: none"> • Health and Wellness requirements • Other services 	<p>Student Records- Confidentiality Laws- Is the school handling confidential information appropriately?</p> <p>The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract relating to the handling of information, including but not limited to:</p> <ul style="list-style-type: none"> • Maintaining the security of and providing access to student records under FEREPa and other applicable authorities • Accessing documents maintained by the school under the state's Freedom of Information Law and other applicable authorities • Transferring of student records • Proper and secure maintenance of testing materials 	<p>Other Obligations- Is the school complying with other obligations?</p> <p>The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract that are not otherwise explicitly stated herein, including but not limited to requirements from the following sources:</p> <ul style="list-style-type: none"> • Revisions to State Charter Law • Intervention requirements by the NCOESC • Intervention requirements by the Ohio Department of Education • Requirements by other entities to which the charter school is accountable 	<p>Financial Performance- Near-Term Measures-Current Ratio: Current Assets divided by Current Liabilities Source: Audited Balance Sheet</p> <p>Current Ratio is greater than or equal to 1.1 or Current Ratio is between 1.0 and 1.1 and one-year trend is positive</p>	<p>Financial Performance- Near-Term Measures- Unrestricted Days Cash:</p> <p>Unrestricted Cash divided by (Total Expenses minus Depreciation Expenses/ 365</p> <p>60 Days Cash or between 30 and 60 days cash and one-year trend is positive</p>	<p>Financial Performance- Debt Default- Is the school able to meet its debt obligations or covenants? (Source: Notes to Audited Financial Statement)</p> <p>School is not in default of loan covenant(s) and/or is not delinquent with debt service payments</p>
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<p>Financial Performance- Sustainability Measures- Enrollment variance: Sufficiency of revenues to fund ongoing operations (Source: Projected Enrollment in the approved budget for the year vs. actual enrollment) Enrollment Variance equals or exceeds 95% in the most recent year</p>		
<p>Financial Performance- Sustainability Measures- Total Assets Source: Audited Balance Sheet) Debt to Asset Ratio is less than 0.9</p>		
<p>Financial Reporting and Compliance- Is the school meeting financial reporting and compliance requirements? The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract relating to financial reporting requirements, including but not limited to:</p> <ul style="list-style-type: none"> • Complete and on-time submission of financial reports, including annual budget, revised budgets (if applicable), periodic financial reports as required by the authorizer, and any reporting requirements if the board contracts with an Education Service Provider (ESP) • On-time submission and completion of the annual independent audit and corrective action plans, if applicable • All reporting requirements related to the use of public funds 		
<p>Financial Management and Oversight- Is the school following generally Accepted Accounting Principles? (GAAP) The school materially complies with applicable laws, rules, regulations, and provisions of the charter contract relating to financial management and oversight expectations as evidenced by an annual independent audit, including but not limited to:</p> <ul style="list-style-type: none"> • An unqualified audit opinion • An audit devoid of significant findings and conditions, material weaknesses, or significant internal control weaknesses <p>An audit that does not include a significant going concern disclosure in the notes or explanatory paragraph within the audit report</p>		

*Items that do not apply to all school.

Total Points Possible = ___/___ earned (total may vary due to applicability of some components) Weight = 30% of contract renewal application

Charter Contract Monitoring Measures

Compliance Indicator Scale*	Falls Below Standard 0 Points (sub score is 0) 0%- 75%	Meets Standard 1 Point (sub score is 1) 76% - 100%
Weight 30%		

Date:

Contract Expiration Date:

Reviewer Participants:

Accountability Framework



Annual Review for _____
 _____ School Year

The North Central Ohio Educational Service Center is committed to community school authorizing and adherence to the use of quality authorizing practices. This commitment includes establishing quality partnerships with developers and educational leaders of community schools by providing sponsorship service for monitoring, oversight, and technical support that meets and exceeds excellence in support of school choice options.

Date of Review Meeting: Review Conducted by:	Name:	Title:	Signature:
	Names:	Titles:	Signatures:
Community School Stakeholders Present at Review Meeting:			

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Annual Achievement Data Review

<i>How many students passed the state tests? How well did students do on the state tests?</i>				
<i>Percent of Indicators Met 201_-201_:</i>		<i>Grade:</i>		
<i>Percent of Indicators Met 201_-201_:</i>		<i>Grade:</i>		
<i>*Not all data points are applicable to all schools. Data points may change to align with changes in state testing metrics.</i>	<i>Percentage of Students Proficient in Community School 2015-2016</i>	<i>Percentage of Students Proficient in Community School 2016-2017</i>	<i>Percentage of Students Proficient in Similar Districts 2016-2017</i>	<i>Percentage of Students Proficient in the State 2016-2017</i>
Grade 3 Reading				
Grade 3 Mathematics				
Grade 4 Reading				
Grade 4 Mathematics				
Grade 4 Social Studies				
Grade 5 Reading				
Grade 5 Mathematics				
Grade 5 Science				
Grade 6 Reading				
Grade 6 Mathematics				
Grade 6 Social Studies				
Grade 7 Reading				
Grade 7 Mathematics				
Grade 7 Science				
Grade 8 Reading				

Grade 8 Mathematics				
English Language Arts I				
Algebra I				
Integrated Mathematics I				
Geometry				
American History				
American Government				
OGT Reading				
OGT Writing				
OGT Mathematics				
OGT Science				
OGT Social Studies				

Performance Index Points: _____ **Grade:** _____
Performance on other valid and reliable assessments (as defined by contract):

Reinforcement Areas: _____
Refinement Areas: _____

How well are all students doing in your district in reading, math, and graduation? Is every student succeeding, regardless of income, race, ethnicity, or disability?

Gap Closing	AMO Reading 201_-201_	AMO Reading 201_-201_	AMO Math 201_-201_	AMO Math 201_-201_	AMO Graduation 201_-201_	AMO Graduation 201_-201_
Elementary						

High School								
District								
Graduation Rate								
<i>Reinforcement Areas/Subgroups:</i>				<i>Refinement Areas/Subgroups:</i>				

<i>K-3 Literacy</i>	
K-3 Literacy Grade 201_-201_	K-3 Literacy Grade 201_-201_
<i>Reinforcement Areas:</i>	<i>Refinement Areas:</i>

Annual Value Added Review

<i>How much did students learn in a year? Did students get a year's worth of growth? Did they get more? Did they get less?</i>
<i>Overall Grade 201_-201_:</i>
<i>Overall Grade 201_-201_:</i>

	Value Added (below, met, above) 201_-201_:	Value Added (below, met, above) 201_-201_:
Grade 4 Reading		
Grade 4 Mathematics		
Grade 5 Reading		
Grade 5 Mathematics		
Grade 6 Reading		
Grade 6 Mathematics		
Grade 7 Reading		
Grade 7 Mathematics		
Grade 8 Reading		
Grade 8 Mathematics		
English Language Arts I		
English Language Arts II		
Algebra I		
Integrated Mathematics I		
Geometry		
Integrated Mathematics II		
Reinforcement Areas:		Refinement Areas:

Annual Graduation Rate Review

How many ninth graders graduate in four or five years?			
Overall Grade 201_-201_:			
Overall Grade 201_-201_:			
Four Year Graduation Rate 201_-201_	Four Year Graduation Rate 201_-201_	Five Year Graduation Rate 201_-201_	Five Year Graduation Rate (8 Year Graduation Rate) 201_-201_

Post Secondary Enrollment Information (if applicable):	
<i>Reinforcement Areas:</i>	<i>Refinement Areas:</i>

Academic/Growth Related SMART (Specific, Measurable, Action Oriented, Realistic, Time Based) Goals, based on multi-year data trends and to close gaps with similar schools and the state:

Annual Climate Review: Attendance Rate

<i>What is the average attendance?</i>	
201_-201_ Attendance Rate:	201_-201_ Attendance Rate:

<i>Reinforcement Areas:</i>	<i>Refinement Areas:</i>
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Annual Climate Review: Classroom Observation/Interview Data

<i>Summary of Classroom Observations/Interviews:</i>	
<i>Reinforcement Areas:</i>	<i>Refinement Areas:</i>

SMART (Specific, Measurable, Action Oriented, Realistic, Time Based) Goals Related to Climate Data: Attendance Rate, Classroom Observations, Interviews

Annual Fiscal Data Review

<i>Summary of Fiscal Data</i>	
Reinforcement Areas:	Refinement Areas:

SMART (Specific, Measurable, Action Oriented, Realistic, Time Based) Goals Related to Fiscal Data:

Annual Compliance Data Review

Summary of Compliance Data	
<i>Reinforcement Areas:</i>	<i>Refinement Areas:</i>

SMART (Specific, Measurable, Action Oriented, Realistic, Time Based) Goals Related to Compliance Data:

This annual review was prepared by the North Central Ohio Educational Service Center, with goals Set in partnership with _____. This information will inform contract renewal decisions for upcoming school years. The information will be reassessed on _____, with NCOESC using the information to move forward with one of the following actions:

- 1)Continued Sponsorship, 2) Probation, 3) Suspension, 4) Termination, 5)Closure

ATTACHMENT 11.19

- Resolutions Approving Contract

HOPE LEARNING ACADEMY OF TOLEDO

Meeting of Trustees April 17, 2018

The Meeting of Trustees was called to order with John Graham presiding as Chairman and Daniel J. LaValley recording the proceedings. Trustees present were John Graham, Hal Burke, and Sister Tony. In addition, Daniel J. LaValley and Justin Bryson were in attendance. It was noted there were no attendees from the general public.

Minutes of the February 6, 2018 meeting were read and a motion duly made and unanimously carried was approved. The next matter was to review the five year Renewal Contract with the School's Sponsor, NCOESC. This agreement was circulated to the Board ahead of the meeting. The Renewal Contract was reviewed in detail and discussed with questions being asked and answered. Then on a motion made by Sister Tony and seconded by Hal the Renewal Contract was unanimously approved and the Board Chair, the Superintendent and the Treasurer were approved to sign the Renewal Contract for and on behalf of the School.

The next matter was with respect to updates on activities for the school. Justin Bryson reported to the Board that current enrollment was 68 students. Justin gave a talk about the schools ongoing projects and activities including Trivia Night and the Toledo Zoo Event. He described the upcoming annual bowling event. He again updated the group on the students of the week as well as a spot light on several dedicated staff members.

It was announced that the review of the financial reports from Dave Massa for the School as well as a five year forecast would be held at the May 8th meeting. The discussion continued with a review of the Sponsor monthly fiscal review reports.

The next meeting of the Board will be at the school on May 8, 2018, August 7, 2018, October 9, 2018 and December 4, 2018. Thereupon the meeting duly adjourned on motion. The undersigned certifies the foregoing to be a true and correct record of said proceedings of trustees.

Attested:



Daniel J. LaValley, Secretary of the Meeting

John Graham, Chairman of the Meeting

