

**REQUEST FOR APPLICATIONS
FOR
Supplemental Educational Services Providers
2011-2012 School Year**



**Florida Department of Education
Bureau of Federal Educational Programs
325 West Gaines Street, Suite 348
Tallahassee, Florida 32399-0400
<http://www.fldoe.org/bsa/>**

**20 U.S.C. Section 6316 (e)
Section 1008.331, Florida Statutes
Rule 6A-1.039, Fla. Admin. Code**

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<p><i>C. Method of Review and Scoring Requirements</i></p>	<p>Each application is reviewed to ensure accurate completion of requested information and data, compliance with all provider eligibility requirements, and agreement with assurances set forth in the document. Department staff will review the scored portion of the application narrative. Successful applications require the following:</p> <ul style="list-style-type: none"> • 100% of the total possible points (the scoring will be based upon the criteria set forth in the Review Guide located in Section IV) • Approval of all hard-copy documentation requirements <p>Within 30 days of the submission deadline, applicants who submitted a complete on-line application and submitted hard-copy documentation but who do not meet the requirements for approval will be given one opportunity to correct any deficiencies. All deficiencies must be corrected within five working days of the date the notice of deficiency is provided to the applicant by e-mail.</p>
<p><i>D. Method of Announcement</i></p>	<p>All applicants will be notified by mail whether the application is approved or denied, including the reasons for the denial. Additionally, the list of the state-approved SES providers will be posted on the FDOE Web site for SES at http://www.fldoe.org/flbpso.</p>
<p><i>E. Applicant Eligibility Requirements</i></p>	<p>An applicant is ineligible to apply for approval to provide supplemental educational services for the next school year subsequent to any of the following:</p> <ul style="list-style-type: none"> • Termination of a SES contract with a school district with cause in 50% or more of the districts served in the previous school year, where the termination is based upon a failure to comply with or meet provider assurances set forth in SES Form 100; or • Applicant received an unsatisfactory service designation for two consecutive years beginning with the service designation awarded for the 2010-2011 school year.
<p><i>F. Complaint Procedure</i></p>	<p>Applicants who wish to file a grievance regarding the decision to deny approval to become a state-approved provider must follow the procedures as provided in State Board Rule 6A-1.039. FDOE's grievance procedure may be accessed at http://www.fldoe.org/flbpso.</p>

II. APPLICATION PROPOSAL (Online System)

Please consider each of the responses carefully as these responses will become part of the terms of the contract signed with the school district. In addition, FDOE will monitor each provider to ensure that the implementation of the program is consistent with the approved application. Applicants must access the online system at <http://www.fldoe.org/flbpso> to complete the Application Proposal.

<p>A. Contact Information</p> <p><i>* means fields required</i></p>	<ul style="list-style-type: none"> * Name of Agency or Organization * Federal Employer Identification Number (FEIN) or Taxpayer ID Number (TIN) <p style="text-align: center;"><u>Primary Contact</u></p> <ul style="list-style-type: none"> * Name of Contact Person * Title * Mailing Address * City * State * Zip Code * Telephone Number <li style="padding-left: 20px;">Fax Number (not required) * E-mail Address <li style="padding-left: 20px;">Organization Web site (not required) <p style="text-align: center;"><u>Secondary Contact</u></p> <p style="text-align: center;"><i>This person will be listed on the SES Approved Provider Directory. The same contact person can not be listed for multiple companies.</i></p> <ul style="list-style-type: none"> * Name of Contact Person for SES * Title * Mailing Address * City * State * Zip Code * Telephone Number <li style="padding-left: 20px;">Fax Number (not required) * E-mail Address <li style="padding-left: 20px;">Organization Web site (not required)
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B. Applicant Status

Please complete based on the following criteria: (1) Applying as a NEW provider: the applicant has never been approved under any business name to serve students in the State of Florida. (2) Applying as a RENEWING provider: the applicant has been approved in the past to serve students in the State of Florida.

Applying as a NEW provider Applying as a RENEWING provider

(1) The applicant indicated prior approval to offer SES in Florida. Provide the following information:

School year(s) _____

Under what business name(s) _____

Serving which school district(s) _____

If approved in Florida, identify the Florida SES Provider ID Number(s) _____

(2) Is the applicant an approved provider for SES in any other state? Yes No

If yes, identify the state(s) _____

Under what business name(s) _____

(3) Has the applicant been removed as an approved provider in any state or district within a state, including Florida? Yes No

If yes, company name(s) used _____

If yes, identify the state(s) _____

If yes, provide the school year(s), date(s), district(s), and the reason(s) for removal _____

(4) Has the applicant ever served as a provider in Florida under any business name and had a contract with a district terminated? Yes No

Identify the district(s) _____

If so, provide the school year and the reason(s) for termination _____

Service History

Has the applicant conducted surveys of parents whose children received SES tutoring in the prior school year?

- Yes No

If yes, do these results show that at least 50% of parents of participating students are satisfied with the services?

- Yes No

Has the applicant's instructional program been subject to a state or self-administered evaluation?

- Yes No

If yes, do these results demonstrate that the provider's instructional program has improved student achievement?

- Yes No

<p>C. School District(s) to be Served</p>	<p>Select all school districts in which the applicant requests approval and agrees to provide SES.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> ALACHUA</td> <td><input type="checkbox"/> GADSDEN</td> <td><input type="checkbox"/> LIBERTY</td> <td><input type="checkbox"/> SARASOTA</td> </tr> <tr> <td><input type="checkbox"/> BAKER</td> <td><input type="checkbox"/> GILCHRIST</td> <td><input type="checkbox"/> MADISON</td> <td><input type="checkbox"/> SEMINOLE</td> </tr> <tr> <td><input type="checkbox"/> BAY</td> <td><input type="checkbox"/> GLADES</td> <td><input type="checkbox"/> MANATEE</td> <td><input type="checkbox"/> SUMTER</td> </tr> <tr> <td><input type="checkbox"/> BRADFORD</td> <td><input type="checkbox"/> GULF</td> <td><input type="checkbox"/> MARION</td> <td><input type="checkbox"/> SUWANNEE</td> </tr> <tr> <td><input type="checkbox"/> BREVARD</td> <td><input type="checkbox"/> HAMILTON</td> <td><input type="checkbox"/> MARTIN</td> <td><input type="checkbox"/> TAYLOR</td> </tr> <tr> <td><input type="checkbox"/> BROWARD</td> <td><input type="checkbox"/> HARDEE</td> <td><input type="checkbox"/> MONROE</td> <td><input type="checkbox"/> UNION</td> </tr> <tr> <td><input type="checkbox"/> CALHOUN</td> <td><input type="checkbox"/> HENDRY</td> <td><input type="checkbox"/> NASSAU</td> <td><input type="checkbox"/> VOLUSIA</td> </tr> <tr> <td><input type="checkbox"/> CHARLOTTE</td> <td><input type="checkbox"/> HERNANDO</td> <td><input type="checkbox"/> OKALOOSA</td> <td><input type="checkbox"/> WAKULLA</td> </tr> <tr> <td><input type="checkbox"/> CITRUS</td> <td><input type="checkbox"/> HIGHLANDS</td> <td><input type="checkbox"/> OKEECHOBEE</td> <td><input type="checkbox"/> WALTON</td> </tr> <tr> <td><input type="checkbox"/> CLAY</td> <td><input type="checkbox"/> HILLSBOROUGH</td> <td><input type="checkbox"/> ORANGE</td> <td><input type="checkbox"/> WASHINGTON</td> </tr> <tr> <td><input type="checkbox"/> COLLIER</td> <td><input type="checkbox"/> HOLMES</td> <td><input type="checkbox"/> OSCEOLA</td> <td><input type="checkbox"/> FAMU LAB SCHOOL</td> </tr> <tr> <td><input type="checkbox"/> COLUMBIA</td> <td><input type="checkbox"/> INDIAN RIVER</td> <td><input type="checkbox"/> PALM BEACH</td> <td><input type="checkbox"/> FLORIDA SCHOOL FOR DEAF AND BLIND</td> </tr> <tr> <td><input type="checkbox"/> DADE</td> <td><input type="checkbox"/> JACKSON</td> <td><input type="checkbox"/> PASCO</td> <td><input type="checkbox"/> FSU LAB SCHOOL</td> </tr> <tr> <td><input type="checkbox"/> DESOTO</td> <td><input type="checkbox"/> JEFFERSON</td> <td><input type="checkbox"/> PINELLAS</td> <td><input type="checkbox"/> UF LAB SCHOOL</td> </tr> <tr> <td><input type="checkbox"/> DIXIE</td> <td><input type="checkbox"/> LAFAYETTE</td> <td><input type="checkbox"/> POLK</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DUVAL</td> <td><input type="checkbox"/> LAKE</td> <td><input type="checkbox"/> PUTNAM</td> <td></td> </tr> <tr> <td><input type="checkbox"/> ESCAMBIA</td> <td><input type="checkbox"/> LEE</td> <td><input type="checkbox"/> ST. 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<p><i>D. Applicant Classification of Eligible SES Providers</i></p>	<p>Check the category that best describes the applicant's organization.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> For-profit company <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Community based/faith-based organization <input type="checkbox"/> Institution of higher education <input type="checkbox"/> Local educational agency such as a Florida public school district, a university laboratory school, and Florida Virtual School, that is not identified as in need of improvement, corrective action, or restructuring <input type="checkbox"/> Public schools not identified as in need of improvement, corrective action, or restructuring <input type="checkbox"/> Charter school not identified as in need of improvement, corrective action, or restructuring <input type="checkbox"/> Private school <input type="checkbox"/> 21st Century Community Learning Center that is not affiliated with a school district that is identified as in need of improvement, corrective action, or restructuring <input type="checkbox"/> Child care center serving school-age students <input type="checkbox"/> Regional educational consortium <input type="checkbox"/> School districts that are in need of improvement and have obtained a United States Department of Education (USED) waiver to be providers of SES <input type="checkbox"/> Other
<p><i>E. Academic and Instructional Information</i></p>	<p>1. <i>Subject Area(s): Check all that apply.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Reading/Language Arts <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <p>2. <i>Additional Staff Qualifications: Check all that apply.</i></p> <p>Indicate tutorial staff qualifications below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Meet the minimum standards for Title I paraprofessionals <input type="checkbox"/> Current State of Florida certified teachers <input type="checkbox"/> Ability to communicate languages other than English <ul style="list-style-type: none"> <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Other (Identify) _____

3. *Delivery Model: Check all that apply.*

- Computer Assisted Instruction
- In-home tutoring. A parent or guardian must be present during and throughout all tutoring sessions.
- On Site – Public school sites, if available
- Off Site – Public location (may require approval by the school district)

Check the group size served for each delivery model selected.

- Individual Tutoring
- Small Group (group size two to five students per tutor)
- Large Group (group size six to ten students per tutor)

4. *Grade Levels to be Served: Check all grade levels you will serve for each subject area.* (Note: The curriculum described in the application must be appropriate for the grade levels indicated.)

Reading/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11	12

Mathematics:

K	1	2	3	4	5	6	7	8	9	10	11	12

Science

K	1	2	3	4	5	6	7	8	9	10	11	12

F. *SES Provisions*

1. *Student Capacity: Check all that apply.*

- Capacity to serve students with disabilities or plans developed under section 504 of the Rehabilitation Act
- Capacity to serve students who are English language learners (ELL)
- Capacity to serve students with visual impairments
- Capacity to serve students with hearing impairments

2. *Location of Services: Check all that apply.*

- On Site
 - School campus
- Off Site
 - Provider facility

	<input type="checkbox"/> Faith-based center (for example, church, temple, or mosque) <input type="checkbox"/> Community-based center <input type="checkbox"/> Student's home (computer-assisted instruction or with tutor present) <input type="checkbox"/> Public location (may require approval by the school district)
<p><i>G. Operations</i></p>	<p><i>Check all that apply.</i></p> <p>1. <i>Day(s) services will be offered and Length of each service session: Cumulative sessions may not exceed six hours per week.</i></p> <p><input type="checkbox"/> Weekday (Monday – Friday) maximum two hours per day] <input type="checkbox"/> Weekend Saturday (maximum two hours per day) <input type="checkbox"/> Weekend Sunday (maximum four hours per day with at least one break)</p> <p><i>The applicant agrees to provide a minimum of 20 hours of tutoring per student.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. <i>Times Offered</i></p> <p><input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Weekends <input type="checkbox"/> Summer</p>
<p><i>H. Cost of Service</i></p>	<p>1. <i>Rate for Provision of SES: Per Student, Per Hour, Per Delivery</i></p> <p>Indicate the rate to serve SES for each student per hour and for each type of instruction offered. More detailed information on the cost per pupil allocation in each district for supplemental educational services may be found at http://www.fldoe.org/flbpso/nclb-datareports.asp.</p> <p>**Note** The allowable range is between \$5 and up to \$70 per hour for each student.</p> <p>RATE PER STUDENT PER HOUR:</p> <p>\$_____ Individual tutoring (computer-assisted instruction) \$_____ Individual tutoring (In-home tutoring with tutor present) \$_____ Small group instruction (group size two to five students per tutor) \$_____ Large group instruction (group size six to ten students per tutor)</p>

**Florida Department of Education
2011-2012 Request for Applications for Supplemental Educational Services**

III. APPLICATION NARRATIVE: Applicants will provide a narrative response for each of the bulleted content requirements, **if applicable**, in the online application. To ensure an anonymous review of the application, the company name should not be included in this section. Applicants must access the online system at <http://www.fldoe.org/flbpso> to complete the Application Narrative. Additionally, applicants should access the website for additional resources to assist in the completion of this section of the RFA. The following content requirements must be included in the narrative:

NCLB REGULATIONS	CONTENT REQUIREMENTS
<p>Demonstrated Record of Effectiveness</p> <p>The provider must have a demonstrated record of effectiveness in increasing the academic achievement of students in subjects relevant to meeting the State’s academic content and student achievement standards [20 USC Section 6316(e); 34 C.F.R. §200.47(b)(1)(i)].</p>	<ul style="list-style-type: none"> • Provide student achievement data that demonstrates that the applicant is effective in increasing academic gains in Reading • Identify the assessment used to document gains in Reading • Provide student achievement data that demonstrates that the applicant is effective in increasing academic gains in Mathematics • Identify the assessment used to document gains in Mathematics • Provide student achievement data that demonstrates that the applicant is effective in increasing academic gains in Science • Identify the assessment used to document gains in Science
<p>High Quality, Research-Based Instructional Services</p> <p>The provider must document that the instructional services provided are high quality, research-based, and designed to increase student academic achievement [20 USC Section 6316(e); 34 C.F.R. §200.47(b)(2)(ii)(C)].</p>	<ul style="list-style-type: none"> • Name and describe the curriculum(s) that will be used in Reading • Provide research supporting the use of the curriculum(s) in Reading • Name and describe the curriculum(s) that will be used in Mathematics • Provide research supporting the use of the curriculum(s) in Mathematics • Name and describe the curriculum(s) that will be used in Science • Provide research supporting the use of the curriculum(s) in Science

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NCLB REGULATIONS	CONTENT REQUIREMENTS
<p>Services Consistent with Florida’s Next Generation Sunshine State Standards and Instructional Program of School District</p> <p>The provider must ensure that supplemental educational services are consistent with the instructional program of the local educational agency and aligned with State academic content and student academic achievement standards [20 USC Section 6316(e); 34 C.F.R. §200.47(b)(1)(ii), (b)(2)(ii)(A); 34 C.F.R. §200.47(b)(2)(ii)(B)].</p>	<ul style="list-style-type: none"> • Describe how the proposed curriculum(s) aligns with Florida’s Next Generation Sunshine State Standards • Provide an example of how the proposed program aligns with at least one district’s instructional program
<p>Measurable Achievement Goals</p> <p>The provider must set measurable achievement goals for each student in consultation with each student’s parents and the school district. [20 USC Section 6316(e); 34 C.F.R. §200.46(b)(2)(i)(A)].</p>	<ul style="list-style-type: none"> • Describe how the provider will work with the school district and parents to develop measurable achievement goals for each student • State the name of the pre- and post-assessment that will be used in Reading • State the name of the pre- and post-assessment that will be used in Mathematics • State the name of the pre- and post-assessment that will be used in Science
<p>Reports of Student’s Progress</p> <p>The provider must measure the student’s progress, and regularly inform the student’s parents and teachers regarding the progress of the student in improving academic achievement as outlined in the</p>	<ul style="list-style-type: none"> • Describe the procedures that will be used to track the student’s progress on the goals identified in the Student Learning Plan • Describe the process for reporting students’ progress on the goals of student learning plans to parents • Explain how progress reports will be provided in the parents’ native language

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NCLB REGULATIONS	CONTENT REQUIREMENTS
<p>student learning plan [[20 USC Section 6316(e); 34 C.F.R. §200.46(b)(2)(i)(B), (ii)].</p>	<ul style="list-style-type: none"> • Describe the process for reporting students' progress on the goals of student learning plans to the classroom teacher
<p>Capacity and Resources</p> <p>The provider must have the capacity and resources to provide supplemental services to students [20 USC Section 6316(e); 34 C.F.R. §200.47(b)(1)(iii)].</p>	<ul style="list-style-type: none"> • Describe the activities that must take place to ensure services begin by October 15th • Describe the professional development provided to all instructional staff throughout the school year • Describe a process for supervising and monitoring tutors to ensure the proposed program is implemented with fidelity
<p>Compliance with Applicable Federal, State, Local Health, Safety, and Civil Rights Laws</p> <p>The provider must comply with applicable federal, state, and local health, safety, and civil rights laws and regulations, to provide supplemental services to students [20 USC Section 6316(e); 34 C.F.R. §200.47(b)(2)(iii)].</p>	<ul style="list-style-type: none"> • Describe the training for instructional staff related to health, safety, and civil rights laws and regulations • Describe the process to ensure security clearance for all employees in a timely manner • Describe a process to intervene if problems are identified

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IV. Review Guide: This section provides specific information on the criteria used to score the responses provided in the Application Narrative of the RFA. Applicants will be awarded one point for each “Yes” response unless the items are not applicable. Applicants must score at least 100% of the total possible points for an approvable online application.

The provider must have a demonstrated record of effectiveness in increasing the academic achievement of students in subjects relevant to meeting the State’s academic content and student achievement standards [Section 1116(e)(12)(B)(i); 34 C.F.R. §200.47(b)(1)(i)].		
<i>Demonstrated Record of Effectiveness</i>		
Did the applicant provide student achievement data that demonstrates that the applicant is effective in increasing academic gains in Reading?	Yes	No
Did the applicant identify the assessment used to document gains in Reading?	Yes	No
Did the applicant provide student achievement data that demonstrates that the applicant is effective in increasing academic gains in Mathematics?	Yes	No
Did the applicant identify the assessment used to document gains in Mathematics?	Yes	No
Did the applicant provide student achievement data that demonstrates that the applicant is effective in increasing academic gains in Science?	Yes	No
Did the applicant identify the assessment used to document gains in Science?	Yes	No
Total Points: <u> </u>/6 (6 points possible, unless items Not Applicable)		
The provider must document that the instructional services provided are high quality, research-based, and designed to increase student academic achievement [Section 1116(e)(12)(C); 34 C.F.R. §200.47(b)(2)(ii)(C)].		
<i>High Quality, Research-Based Instructional Services</i>		

**Florida Department of Education
2011-2012 Request for Applications for Supplemental Educational Services**

Did the applicant name and describe the curriculum(s) that will be used in Reading?	Yes	No
Did the applicant provide research supporting the use of the curriculum(s) in Reading?	Yes	No
Did the applicant name and describe the curriculum(s) that will be used in Mathematics?	Yes	No
Did the applicant provide research supporting the use of the curriculum(s) in Mathematics?	Yes	No
Did the applicant name and describe the curriculum(s) that will be used in Science?	Yes	No
Did the applicant provide research supporting the use of the curriculum(s) in Science?	Yes	No
Total Points: <u> </u>/6 (6 points possible, unless items Not Applicable)		
<p>The provider must ensure that supplemental educational services are consistent with the instructional program of the local educational agency and aligned with State academic content and student academic achievement standards [Section 1116(e)(5)(B), (12)(B)(ii); 34 C.F.R. §200.47(b)(1)(ii), (b)(2)(ii)(A)] and [Section 1116(e)(5)(B); 34 C.F.R. §200.47(b)(2)(ii)(B)].</p>		
<p><i>Services Consistent with Florida's Next Generation Sunshine State Standards and Instructional Program of School District</i></p>		
Did the applicant describe how the proposed curriculum(s) aligns with Florida's Next Generation Sunshine State Standards?	Yes	No
Did the applicant describe how the proposed program aligns with at least one district's instructional program?	Yes	No
Total Points: <u> </u>/2		
<p>The provider must set measurable achievement goals for each student in consultation with each student's parents and the school district and adhere to the timetable for improving the student's achievement in the student learning plan. [Section 1116(e)(3)(A);34 C.F.R. §200.46(b)(2)(i)(A)].</p>		

**Florida Department of Education
2011-2012 Request for Applications for Supplemental Educational Services**

Measurable Achievement Goals and Adherence to Timelines		
Did the applicant describe how the provider will work with the school district and parents to develop measurable achievement goals for each student?	Yes	No
Did the applicant state the name of the pre-and-post-assessment that will be used in Reading?	Yes	No
Did the applicant state the name of the pre-and-post-assessment that will be used in Mathematics?	Yes	No
Did the applicant state the name of the pre-and-post-assessment that will be used in Science?	Yes	No
Total Points: <u> </u>/4 (4 points possible, unless items Not Applicable)		
The provider must measure the student's progress, and regularly inform the student's parents and teachers regarding the progress of the student in improving academic achievement as outlined in the student learning plan [Section 1116(e)(3)(A), (B); 34 C.F.R. §200.46(b)(2)(i)(B), (ii)].		
Reports of Student's Progress		
Did the applicant describe the procedures that will be used to track the student's progress on the goals identified in the Student Learning Plan?	Yes	No
Did the applicant describe the process for reporting students' progress on the goals of student learning plans to parents?	Yes	No
Did the applicant explain how progress reports will be provided in the parents' native language?	Yes	No
Did the applicant describe the process for reporting students' progress on the goals of student learning plans to the classroom teacher?	Yes	No
Total Points: <u> </u>/4 (4 points possible, unless items Not Applicable)		
The provider must have the capacity and resources to provide supplemental services to students [Section 1116(e)(12)(B)(iii); 34 C.F.R. §200.47(b)(1)(iii)].		

**Florida Department of Education
2011-2012 Request for Applications for Supplemental Educational Services**

Capacity and Resources			
Did the applicant describe the activities that must take place to ensure services begin by October 15 th ?	Yes	No	
Did the applicant describe a process for supervising and monitoring tutors to ensure the proposed program is implemented with fidelity?	Yes	No	
Did the applicant describe the professional development provided to all instructional staff throughout the school year?	Yes	No	
Total Points: <u> </u>/3 (3 points possible, unless items Not Applicable)			
The provider must comply with applicable federal, state, and local health, safety, and civil rights laws and regulations, to provide supplemental services to students [Section 1116(e)(5)(C); 34 C.F.R. §200.47(b)(2)(iii)].			
Compliance of Applicable Federal, State, Local Health, Safety, and Civil Rights Laws			
Did the applicant describe the training for instructional staff related to health, safety, and civil rights laws and regulations?	Yes	No	
Describe the process to ensure security clearance for all employees in a timely manner?	Yes	No	
Did the applicant describe a process to intervene if problems are identified?	Yes	No	
Total Points: <u> </u>/2 (2 points possible, unless items Not Applicable)			
Total Points for Application			
	Yes	No	
	<u> </u>	<u> </u>	Total Number
<i>If applicant scores 100% or higher of the total possible points – Approvable</i> <i>Note: Total points possible may change if items Not Applicable</i>	<u> </u>		Percentage of “Yes”

V. HARD-COPY DOCUMENTATION REQUIREMENTS

Please submit the following documentation for A-H as referenced in the table of contents to the **Florida Department of Education, Bureau of Federal Educational Programs, 325 West Gaines Street, Suite 348, Tallahassee, FL 32399-0400.**

A. COVER PAGE

B. CHECKLIST OF HARD-COPY DOCUMENTATION REQUIREMENTS

C. EVIDENCE OF LEGAL QUALIFICATION TO DO BUSINESS IN FLORIDA

D. VERIFICATION OF BUSINESS OR NON-PROFIT STATUS

E. SIGNED STATEMENTS

F. LIST OF BOARD OF DIRECTORS, MANAGING MEMBERS, OR CHIEF OFFICERS.

G. EVIDENCE OF FINANCIAL SOUNDNESS

H. GENERAL ASSURANCES

A

COVER PAGE

Please complete the attached cover page and submit to the address referenced in Section V

A. COVER PAGE

Name of Company or Agency _____

Federal Employer Identification Number (FEIN) or Taxpayer ID Number _____

Name of Contact Person _____

Title _____

Mailing Address _____

City/State/Zip Code _____

Telephone Number _____

Fax Number _____

E-mail Address _____

Organization Web site _____

Name of Contact Person for SES in Florida _____
(This person will be listed on the Approved SES Provider Directory)

Title _____

Mailing Address _____

City/State/Zip Code _____

Telephone Number _____

Fax Number _____

E-mail Address _____

Organization Web site _____

B

CHECKLIST OF HARD-COPY DOCUMENTATION REQUIREMENTS

Please complete the attached checklist and submit to the address referenced in Section V

B. CHECKLIST OF HARD-COPY DOCUMENTATION REQUIREMENTS

Please initial below as confirmation that each of the hard-copy documentation requirements has been submitted for review.

Name of Company or Agency _____

_____ Cover Page (A)

_____ Checklist of Hard-copy Documentation Requirements (B)

_____ Evidence of legal qualification to do business in Florida (C)

_____ Verification of business or non-profit status (D)

_____ Signed statements: (E)

- Suspension or disbarment from receiving federal funding
- Any lawsuits filed against organization
- Denial of approval or removed from approval status from another state
- Unresolved complaints with the Better Business Bureau or FDOE

_____ List of Board of Directors, Managing Members, or Chief Officers and their titles. List individual name and title if sole proprietor. (F)

Financial Soundness (G)

Please initial the following business status that applies to your company.

_____ If an applicant has been in business for two or more consecutive years submit:

Financial statements in the form of a balance sheet for the past two years

OR

Financial audits signed by a certified public accountant for the past two years

_____ If the applicant has been in business for less than two consecutive years submit:

Financial statements in the form of a balance sheet for the past two years, **AND** Projected expense report for three months of operating expenses on the *Three Months Projected Expense Report Form* provided in the application.

OR

Documentation from a financial institution showing three months of operating expenses in the form of a line of credit, loan, or a pre-approved loan on behalf of the company, **AND** Projected expense report for three months of operating expenses on the *Three Months Projected Expense Report Form* provided in the application.

An applicant that is a school or school district (or a college/university) shall provide the following HARD-COPY DOCUMENTATION REQUIREMENTS:

- A. Cover Page;**
- B. Checklist of Hard-Copy Documentation Requirements;**
- E. Signed Statements; and**
- F. List of Board of Directors.**

C

EVIDENCE OF LEGAL QUALIFICATION TO DO BUSINESS IN FLORIDA

Please attach a copy of the most recent registration with the Florida Department of State, www.sunbiz.org, showing evidence that the applicant is legally qualified to do business in Florida and submit to the address referenced in Section

Note: If applicant is a sole proprietor, provide the name and title of individual.

D

VERIFICATION OF BUSINESS OR NON- PROFIT STATUS

Please submit Internal Revenue Service (IRS) letter with FEIN, TIN, or 501(c)3 status and submit to the address referenced in Section V

E

SIGNED STATEMENTS

Please submit to the address referenced in Section V signed statements on applicant's letterhead by the individual authorized to act on behalf of the organization attesting to the following:

- The organization has not been suspended or disbarred from receiving federal funding. If yes, explain the circumstances for suspension or disbarment.
- The organization has had no lawsuits filed against them for educational or fiscal mismanagement, civil rights violations, and criminal acts. If yes, provide information and the outcome for each instance.
- The organization has not been denied approval nor has its approval status as an SES provider been revoked. If the organization has been denied approval or its approval status as an SES provider has been revoked, identify such states or districts and the reasons for such denial or revocation.
- The organization does not have any unresolved complaints with the Better Business Bureau or FDOE. If the organization does have any known unresolved complaints, provide an explanation of the complaint(s) and results.

F

LIST OF BOARD OF DIRECTORS, MANAGING MEMBERS, OR CHIEF OFFICERS

Please submit to the address referenced in Section V a complete list of the board of directors, managing members, or chief officers of the organization and their titles

Note: If applicant is a sole proprietor, provide the name and title of individual.



EVIDENCE OF FINANCIAL SOUNDNESS

Please submit the appropriate evidence (see options below) of financial soundness for your company to the address referenced in Section V

Option 1

If an applicant has been in business for two or more consecutive years submit:

Please check which type of documentation is being submitted as evidence of financial soundness.

- Financial statements in the form of a balance sheet for the past two years

OR

- Financial audits signed by a certified public accountant for the past two years

Option 2

If the applicant has been in business for less than two consecutive years submit:

Please submit the required documentation below as evidence of financial soundness.

- Financial statements in the form of a balance sheet for the past two years, **AND**

- List and submit on attached ***Three Months Projected Expense Report*** projected expenses to operate SES in Florida for three months. Expenses should include, but not be limited to, information on the resources to cover the costs of salaries, fingerprinting/background screening, insurance policies, instructional materials, marketing, professional development, and facility rental fees. The total projected expenses on the report should not exceed the cash balance stated on the balance sheet.

OR

- Documentation from a financial institution showing three months of operating expenses in the form of a line of credit, loan, or a pre-approved loan on behalf of the company, **AND**

- List and submit on attached ***Three Months Projected Expense Report*** projected expenses to operate SES in Florida for three months. Expenses should include, but not be limited to, information on the resources to cover the costs of salaries, fingerprinting/background screening, insurance policies, instructional materials, marketing, professional development, and facility rental fees. The total projected expenses on the report should match, at a minimum, the amount of cash on hand, the line of credit, loan, or pre-approved loan secured from a financial institution.

Three Months Projected Expense Report								
Operating Costs for SES								
	Month 1	Month 2	Month 3					Expense Total
EXPENSES								0
Insurance Policies								0
Salaries								0
Marketing								0
Instructional Materials								0
Facility Rental Fees								0
Professional Development								0
Fingerprinting/Background Screening								0
Transportation								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
Monthly Total	0	0	0	0	0	0	0	0

Note: An electronic version of the expense report may be accessed at <http://www.fldoe.org/flbpso>.

H

GENERAL ASSURANCES

Please submit the following properly signed and executed general assurances to the address referenced in Section V

The assurance pages must contain no revisions, additions, or deletions, and must bear an original signature of the agency head in blue ink to distinguish it from a copy or facsimile. The printed name and original signature must match.

Assurances signed by officials other than the head of the providing agency must have a letter signed by the agency head, or documentation citing action of the governing body delegating authority to the person to sign on behalf of said official.

H. GENERAL ASSURANCES

As the duly authorized representative of this applicant, I certify agreement and compliance with all of the following assurances and conditions:

1. Applicant agrees to deliver services at all times in accordance with the terms of this Request for Applications (RFA), and the information submitted by the applicant in its application. If the applicant fails to meet these terms, it may be removed from the state-approved list of SES providers. Applicant understands that the application it submits to FDOE is a legally binding document and changes cannot be made to the application or to the approved SES program once FDOE approves the application.
2. Applicant agrees to abide by all terms set forth in the contract with the school district, including the payment schedule, rates, safety requirements, and any facility user fee arranged with the school district, that complies with 20 U.S. C. Section 6316(e)(3) and (6) of the No Child Left Behind Act of 2001 or Section 1008.331, Florida Statutes. If the applicant operates multiple sites, applicant agrees to provide services only at individual sites that meet all criteria independently.
3. Applicant agrees to deliver supplemental educational services in the school districts for which it is approved and in which it has signed either a contract to provide services or a letter of intent and the minimum number of students per site set by the provider has been met in the timeline established by Section 1008.331, Florida Statutes.
4. Applicant understands that if a state-approved provider withdraws from offering services to students in a school district in which it is approved and in which it has signed either a contract to provide services or a letter of intent and the minimums per site set by the provider have been met, the school district must report the provider to the FDOE. The provider shall be immediately removed from the state-approved list for the current school year for that school district. Upon the second such withdrawal in any school district, the provider shall be ineligible to provide services in the state the following year.
5. Applicant agrees to abide by ethical business practices, as adopted by the Education Industry Association in its Code of Professional Conduct and Business Ethics for Supplemental Educational Services Providers <http://www.educationindustry.org/tier.asp?sid=2> Amended January 8, 2008.
6. Applicant agrees to provide auditable documentation of services provided to each student including, but not limited to enrollment, attendance, and assessments. Applicant will maintain books and records relating to the provision of SES and amounts charged to school districts for SES. Books and records, including information stored in databases or other computer systems, will be maintained by the applicant for a period of five years after the date of final payment under the school district's agreement. Books and

records required to be maintained hereunder will be available for review or audit, either on-site or as otherwise requested by district, state, and federal agencies. Books and records required to be maintained hereunder will be available for review or audit to agency representatives during normal business hours with or without notice from district, state, and federal agencies. The applicant and its representatives will fully cooperate with any such review or audit.

7. Applicant assures that services are available in locations accessible to individuals with disabilities to the extent required by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794) and the Americans with Disabilities Act (42 U.S.C. §§12101 et seq.).
8. Applicant assures that additional admission criteria will not be imposed on students other than those permitted under the No Child Left Behind Act, 20 U.S. C. Section 6316(e).
9. Applicant assures that the school districts and FDOE will be notified of any changes in contact information.
10. Applicant understands that approved SES providers must contract with the individual districts and abide by all contractual obligations as mutually agreed upon prior to delivering SES to students.
11. Applicant assures that the confidentiality of all student information as outlined in The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) and Section 1002.22(2)(b), Florida Statutes (Student records and reports; rights of parents and students; notification; penalty.--).
12. The applicant assures that eligible student information will not be shared with third parties, including other SES providers, without the consent of the parent.
13. Applicant assures that it will not provide or market attendance or performance incentives to entice a student or a student's parent prior to the parent choosing a provider. After students have been enrolled with the applicant, incentives may be awarded to students only for performance or attendance with a total value not to exceed \$50 per student per year.
14. Applicant will refrain from altering, completing, or submitting enrollment forms on behalf of a parent.
15. Applicant understands that SES providers may be removed from the list if any false information or misrepresentation is made in its application, or to school districts, teachers, or parents or if any type of fraud is committed by the applicant against the Department or a school district with regard to the provision of SES services.
16. Applicant agrees to be responsible for payment of all taxes and fees resulting from payment from school districts for services.

17. Applicant assures that all instruction and content are secular, neutral, and non-ideological.
18. Applicant assures that students will be supervised at all times.
19. Applicant understands that the enrollment process is the responsibility of the school district. Applicants are prohibited from altering the district's enrollment form in any way.
20. Applicant agrees that all documents contained in or submitted with the application shall become the exclusive property of FDOE and may be distributed or displayed in any manner by the agency.
21. Applicant understands that the status as an approved provider is non-transferable and that sub-contracting for SES is not allowed.
22. Applicant agrees that it is an independent entity separate from FDOE and that FDOE is not obligated to approve an application, provide funds, or endorse any application submitted. This application does not commit FDOE to pay any costs incurred.
23. To the fullest extent permitted by law, the applicant and its organization agree to indemnify, defend and hold harmless FDOE, the State of Florida, and their respective agents, officers and employees from and against any and all claims, demands, suits, liabilities, injuries (personal or bodily), property damage, causes of action, losses, costs, expenses, damages, or penalties, including without limitation reasonable defense costs and legal fees arising or resulting from, or occasioned by or in connection with (i) any bodily injury or property damage resulting or arising from any act or omission to act (whether negligent, willful, wrongful or otherwise) by the applicant or its organization, its subcontractors, anyone directly or indirectly employed by them or anyone for whose acts they may be liable; (ii) failure by the applicant and its organization or its subcontractors to comply with any laws or regulations applicable to the performance of SES; (iii) the breach of any representation or assurance provided by the applicant and its organization in this application; or (iv) any act of infringement of any existing patent or copyright or any unauthorized use of any trade secret.
24. Applicant agrees to attend a mandatory NCLB School Choice Leadership Summit sponsored by FDOE.
25. Applicant agrees to the terms and conditions outlined in Rule 6A-1.039, (FAC) <https://www.flrules.org/default.asp>, and Florida law (Section 1008.331, Florida Statutes) http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=1008.331&URL=CH1008/Sec331.HTM related to SES.

26. Applicant assures that it has not been removed and permanently barred from providing supplemental educational services in any state or district.
27. Applicants who selected to serve students at Florida School for Deaf and Blind and indicated a capacity to serve students with visual impairments assures that it will provide transcription of materials into large print and Braille.
28. Applicants who selected to serve students at Florida School for Deaf and Blind and indicated a capacity to serve students with hearing impairments assures that it will provide tutors fluent in American Sign Language.
29. Applicant assures that all tutorial staff meet the minimum standards for Title I paraprofessionals, as follows:
 - Title I paraprofessionals must have a secondary school diploma or its recognized equivalent; and
 - Title I paraprofessionals must have at least one of the following:
 - Completed two years of study at an institution of higher education (equivalent to 60 semester hours)
 - Obtained an associate's (or higher) degree
 - Met a rigorous standard of quality and be able to demonstrate, through a formal local academic assessment, knowledge of and the ability to assist in instructing, reading, writing, and mathematics (or, as appropriate, reading readiness, writing readiness, and mathematics readiness).
30. Applicant assures that Sessions held Monday – Friday and Sunday may not exceed two hours per day. In addition, Saturday sessions may not exceed four hours. Cumulative sessions may not exceed six hours per week.
31. Applicant understands that the allowable range is between \$5 and up to \$70 per hour for each student, and per type of instruction.
32. Applicant understands that approved SES providers must use acceptable premethods and postmethods for measuring student learning gains which results in reliable and valid results. Each method must be able to measure student progress toward mastering the benchmarks or access points set forth in Florida's Next Generation Sunshine State Standards and the student's supplemental educational services plan.
33. Applicant understands that services provided in the home must have a parent or guardian present during and throughout all tutoring sessions.

The following guidelines define appropriate use of the Internet.

34. Applicant understands that employees of state-approved providers that offer computer-assisted instruction must adhere to all security requirements per each school district contract.

35. Applicant understands that transmitting any material in violation of any U.S. or state regulation or school board policy is prohibited. This includes, but is not limited to, copyrighted material and threatening or obscene material.
36. Applicant understands that all content transmitted via e-mail or the Internet shall be secular, neutral, and non-ideological.
37. Applicants providing on-line instruction agree to ensure the safety of all students while accessing the internet. It is the responsibility of the applicant to block all unsafe web content.
38. Applicant understands that hate mail, harassment, discriminatory remarks, and other antisocial behaviors are unacceptable in Internet and other network communication.
39. Applicant understands that all information accessible via the Internet should be assumed to be private property and subject to copyright protection. Internet sources should be credited appropriately, as with the use of any copyrighted material.
40. Applicant has a responsibility to respect the privacy and property of students. Applicant should not intentionally seek information about, obtain copies of, or modify, files, data, or passwords of other users.
41. For the safety of students, applicant must not request or provide any personal information, such as addresses, phone numbers, or photographs.
42. Applicant should not expect that files are private. State and school district representatives, including school administrators, as well as parents, may review files and communications at any time to ensure that the network is being used responsibly. Applicant must gain written parental permission before communicating with students under the age of 13 via e-mail or the Internet.
43. Applicant has a responsibility to protect the student users from marketing and Spam.
44. Applicants shall ensure that the primary purpose of a computer in the SES program is instructional. When a computer provided by the applicant is used for instructional purposes, the student is allowed to keep the computer. If students will be using a school computer, subject to school district approval, to access information from an applicant, the applicant must abide by all school and school district policies and procedures regarding computer/Internet use.
45. Applicant agrees to comply with all assurances set forth in this application.

I, THE UNDERSIGNED, CERTIFY that I am an individual authorized to act on behalf of the organization in submitting this application and assurances and that all of the information provided herein is true and accurate, to the best of my knowledge. All tutors/instructors employed by this organization will be notified of all guidelines regarding appropriate use of the Internet and that as a condition of employment with the provider, all employees who will provide SES shall agree to comply with the guidelines. I understand that, if any of the information contained herein has been misrepresented, that may constitute grounds for denying the applicant's request for approval to be placed on the list of approved supplemental educational services providers or for removal from that same list. I further certify that the organization will comply with all of the assurances set forth herein. Failure to comply with the assurances during the school year may result in removal from the state-approved list and potential ineligibility to re-apply during the following two-year period.

Signature of Applicant

Date signed

Printed Name

Name of Agency/Company/Group

Title of Signing Agent

Note:

1. Printed name and original signature must match.
2. Use blue ink for original signature.
3. "By", "for," or initials will not be accepted.
4. Rubber stamp signatures will not be accepted.