

# Supplemental Educational Services Provider Application

2013-2014 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/flbpso/>**

**Section 1008.331, Florida Statutes  
Rule 6A-1.039, Fla. Admin. Code**

## Table of Contents

Subject	Page No.
<b>APPLICATION INSTRUCTIONS and REQUIREMENTS</b>	2
Submission Deadline Requirements	2
Method of Review and Scoring Requirements	2
Method of Announcement	3
Grievance Procedure	3
<b>APPLICATION PROPOSAL</b>	4
Contact Information	4
Applicant Status	5
Service Area	5
Instructional Information	6
Technology	6
SES Provisions	7
<b>APPLICATION NARRATIVE</b>	8
Demonstrated Record of Effectiveness	8
High Quality, Research-Based Instructional Services	10
<b>BUSINESS AND FINANCIAL REQUIREMENTS</b>	11
Evidence of Legal Qualification To Do Business in Florida	12
Evidence of Financial Soundness	12
<b>ASSURANCES</b>	13

## APPLICATION INSTRUCTIONS AND REQUIREMENTS

***Submission  
Deadline  
Requirements***

The annual submission deadline will be posted in the release of the Supplemental Educational Services (SES) Provider Application via the Florida Department of Education (FDOE) Paperless Communication System at <http://www.fldoe.org/paperless>. The application must be **SUBMITTED** online at <http://www.fldoe.org/flbpso>, if the online platform is open, or delivered to the following address: Florida Department of Education, Bureau of Federal Education Programs, 325 West Gaines Street, Suite 348, Tallahassee, Florida 32399-0400. It is the responsibility of the applicant to ensure that the application is submitted by the stated deadline.

***Method of  
Review and  
Scoring  
Requirements***

Department staff will review each application to ensure accurate completion of requested information and compliance with provider eligibility requirements.

Applications will be **reviewed** if:

- The applicant meets provider eligibility requirements.
- All portions of the application are complete and received by the stated deadline in the application.

Applications will be **approved** if:

- The above conditions are met for review; **and**
- The scores received meet the following:
  - Approval of all business and financial requirements; **and**
  - The total application narrative score meets a minimum of **80** points; **and**
  - Each criterion receives the minimum points identified below:

Criteria	Total Points Possible	Minimum Points Required Per Criterion
<b>Demonstrated Record of Effectiveness</b>	50	35
<b>High Quality, Research-Based Instructional Services</b>	50	35
<b>Total Possible Points</b>	100	
<b>Minimum Points Required for Approval</b>	<b>80</b>	

Note: Applicants that do **NOT** attain at least eighty (80) percent of the total possible points and at least seventy (70) percent of the possible points in the Demonstrated Record of Effectiveness and the High Quality, Research-Based Instructional Services portions will **NOT** be considered for approval.

**Applicants who submit a complete application, but do not submit adequate evidence for the Business and Financial Requirements section of the application, will be given one opportunity to correct Business and Financial Requirements deficiencies. All deficiencies must be corrected within five business days of the date the notice of deficiency is provided to the applicant by email.**

<b><i>Method of Announcement</i></b>	All applicants who submit an application will receive an official approval or denial letter by mail. Additionally, the list of state-approved SES providers will be posted on the FDOE web site for SES at <a href="http://www.fldoe.org/flbpsi">http://www.fldoe.org/flbpsi</a> .
<b><i>Grievance Procedure</i></b>	Applicants who wish to file a grievance regarding the decision to deny approval to become a state-approved provider must follow the procedures in State Board Rule 6A-1.039 (10), Florida Administrative Code. The FDOE's grievance procedure may be accessed at <a href="http://www.fldoe.org/flbpsi">http://www.fldoe.org/flbpsi</a> .

## APPLICATION PROPOSAL

**Contact  
Information**

Legal Name of Entity:

Doing Business As (DBA):

*Note: If provided, the DBA will be listed on the SES Approved Provider Directory.*

Check which Taxpayer Identification Number (TIN) applies and enter the number.

- Federal Employer Identification Number (FEIN)
- Social Security Number (Last 4 digits only)
- Individual Taxpayer Identification Number (Last 4 digits only)

Has this FEIN, TIN, or SSN been used by another SES applicant for 2013-2014? If so, please list the company name(s).

**Primary Contact**

Name of Contact Person

Title

Mailing Address

City                      State

Zip Code

Telephone Number

Fax Number (not required)

Email Address

Organization web site (not required)

**Secondary Contact**

*Note: The secondary contact person cannot be listed for multiple companies.*

Name of Contact Person

Title

Physical Address

Mailing Address

City                      State

Zip Code

Telephone Number

Fax Number (not required)

Email Address

Organization web site (not required)

*Note: The Primary and Secondary Contacts are the **ONLY** individuals who may request changes to any information the FDOE has on file. The Secondary Contact **must have a physical address in Florida.***

<p><b><i>Applicant Status</i></b></p>	<p>Please complete based on the following criteria:</p> <p><input type="checkbox"/> <b>NEW</b> provider: the applicant has never been approved under any company name to serve students in the State of Florida.</p> <p><input type="checkbox"/> <b>RENEWING</b> provider: the applicant has been approved in the past to serve students in the State of Florida.</p> <p>Check all categories that describe the applicant’s classification.</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> For-profit</p> <p><input type="checkbox"/> Non-profit</p> <p><input type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> General or Limited Partnership</p> <p><input type="checkbox"/> Corporation including S-Corps</p> <p><input type="checkbox"/> Community-based Organization</p> <p><input type="checkbox"/> Faith-based Organization</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> School District (Local Educational Agency)</p> <p><input type="checkbox"/> Charter School</p> <p><input type="checkbox"/> Private School</p> <p><input type="checkbox"/> Public School</p> <p><input type="checkbox"/> Government Component (e.g., city, public library)</p> <p><input type="checkbox"/> Child Care Center</p> <p><input type="checkbox"/> Regional Educational Consortium</p> <p><input type="checkbox"/> Other (specify)</p> <p>Provide a complete list of the board of directors, managing members, or chief officers of the organization and their titles.</p> <p>Has the applicant or any individual listed above been removed as an approved provider in any state or district within a state, including Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list the name of the individual(s)</p> <p>If yes, list the company name(s)</p> <p>If yes, list the state(s)</p> <p>If yes, provide the school year(s), date(s), district(s), and the reason(s) for removal</p>												
<p><b><i>Service Area</i></b></p>	<p>Check “Statewide” <b>ONLY</b> if the applicant agrees to provide SES to <b>all</b> school districts in the state of Florida. <input type="checkbox"/> STATEWIDE</p> <p>Select the school districts in which the applicant requests approval to provide SES.</p> <table border="0"> <tr> <td><input type="checkbox"/> ALACHUA</td> <td><input type="checkbox"/> LEON</td> </tr> <tr> <td><input type="checkbox"/> BAKER</td> <td><input type="checkbox"/> LEVY</td> </tr> <tr> <td><input type="checkbox"/> BAY</td> <td><input type="checkbox"/> LIBERTY</td> </tr> <tr> <td><input type="checkbox"/> BRADFORD</td> <td><input type="checkbox"/> MADISON</td> </tr> <tr> <td><input type="checkbox"/> BREVARD</td> <td><input type="checkbox"/> MANATEE</td> </tr> <tr> <td><input type="checkbox"/> BROWARD</td> <td><input type="checkbox"/> MARION</td> </tr> </table>	<input type="checkbox"/> ALACHUA	<input type="checkbox"/> LEON	<input type="checkbox"/> BAKER	<input type="checkbox"/> LEVY	<input type="checkbox"/> BAY	<input type="checkbox"/> LIBERTY	<input type="checkbox"/> BRADFORD	<input type="checkbox"/> MADISON	<input type="checkbox"/> BREVARD	<input type="checkbox"/> MANATEE	<input type="checkbox"/> BROWARD	<input type="checkbox"/> MARION
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<b><i>Instructional Information</i></b>	<p>Check all that apply.</p> <p>Indicate the tutorial staff qualifications.</p> <input type="checkbox"/> Meet the minimum standards for Title I paraprofessionals <input type="checkbox"/> Current State of Florida certified teachers <p>Indicate applicant's ability to communicate in languages other than English.</p> <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Other (Identify)
<b><i>Technology</i></b>	<p>Check all that apply.</p> <p>Indicate the type of student-tutor interaction.</p> <input type="checkbox"/> Phone <input type="checkbox"/> Video Chat <input type="checkbox"/> System Chat/Instant Messaging

<p><b><i>SES Provisions</i></b></p>	<p>Check all that apply.</p> <p>Indicate applicant's capacity to serve the following student populations:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Students with disabilities or plans developed under section 504 of the Rehabilitation Act</li> <li><input type="checkbox"/> English language learners (ELL)</li> <li><input type="checkbox"/> Visual impairments</li> <li><input type="checkbox"/> Hearing impairments</li> </ul> <p>Indicate the SES service delivery location(s).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> School District Facility</li> <li><input type="checkbox"/> Provider Facility</li> <li><input type="checkbox"/> Community-based Center</li> <li><input type="checkbox"/> Faith-based Center (e.g., church, temple, synagogue, mosque)</li> <li><input type="checkbox"/> Student's Home</li> <li><input type="checkbox"/> Public Location:</li> </ul>
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## APPLICATION NARRATIVE

Responses must **NOT** include tables, charts, or graphs. The system will not save the figures in a reader-friendly format for the reviewer.

### **Demonstrated Record of Effectiveness**

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.

#### **Criterion 1: Provide evidence that the applicant is effective in increasing academic achievement of students.**

The response will be evaluated based on the applicant's ability to demonstrate a record of effectiveness in increasing academic achievement. The applicant must have provided academic instruction for a period of one year or more within the last three (3) years to a minimum of ten (10) students in the subject(s) the applicant has proposed to provide services.

Identify all assessments administered and timeframes for assessing learning gains. Provide the information that depicts each identified assessment as reliable and valid.

Describe how applicant's instructional program had a positive impact on the students served. Provide statistical evidence of student academic learning gains as a result of the assessment administered through the applicant's instructional program. The response must include the following:

- the year and number of students served
- each subject area services were provided
- the grade level(s) of the students that participated in the program
- the percentage of students that made learning gains

**Reference: Review Scoring Rubric for Criterion 1.**

<b>Demonstrated Record of Effectiveness</b>		
<b>Scoring Rubric for Criterion 1</b>		
<b>Scoring Range: 50 - 0 points available</b>		
<b>Criterion: Provide evidence that the applicant is effective in increasing academic achievement of students.</b>	<b>Possible Points</b>	<b>Points Assigned</b>
Applicant identified all assessments administered and timeframes for assessing learning gains.	<b>10</b>	
Applicant provided the information that depicts the assessment(s) as reliable and valid.	<b>20</b>	
Applicant described how its instructional program had a positive impact on the students served. The applicant provided statistical evidence of student academic learning gains as a result of the assessment administered through the applicant's instructional program. The response included the following: <ul style="list-style-type: none"> <li>• Year and number of students served</li> <li>• Each subject area services were provided</li> <li>• Grade level(s) of the students that participated in the program</li> <li>• Percentage of students that made learning gains</li> </ul>	<b>20</b>	
	<b>Total Possible Points</b>	<b>Total Assigned Points</b>
<b>CRITERION 1 – POINTS ASSIGNED:</b>	<b>50</b>	

## **High Quality, Research-Based Instructional Services**

The provider must document that the instructional services provided are high quality, research-based, and designed to increase student academic achievement.

### **Criterion 2-Part I: Provide evidence of high-quality, research-based instructional program designed to increase student academic achievement.**

The response will be evaluated based on applicant's ability to demonstrate that its instructional program is high quality and research-based; and designed to increase student academic achievement.

A. Describe the curriculum to be used in the 2013-2014 school year to include the following:

- Name of each curriculum
- Skills that will be addressed
- Key instructional strategies that will be used
- Subject area(s) and grade level(s) that will be used by each instructional material listed in the response
- Provide recent (within 10 years) research and citations that support the curriculum

### **Criterion 2-Part II: Provide a description of the process to assess student's needs, identify student's skills or knowledge gaps, and monitor student's progress.**

The response will be evaluated based on applicant's ability to describe the specific process to assess a student's needs, identify skills or knowledge gaps, and monitor student's progress.

- A. Identify the instrument and process that will be used to assess a student's needs.
- B. Identify the instrument and process to assess academic learning gains.
- C. Describe the process of how student weaknesses will be met while still addressing required grade-level curriculum.

**Reference: Review Scoring Rubric for Criterion 2.**

<b>High Quality, Research-Based Instructional Services</b>		
<b>Scoring Rubric for Criterion 2</b>		
<b>Scoring Range: 50 - 0 points available</b>		
<b>Criterion 2-Part I: Applicant demonstrated how the curriculum is high quality, research-based, and designed to increase student academic achievement.</b>	<b>Possible Points</b>	<b>Assigned Points</b>
Applicant provided a description of the curriculum to be used in the 2013-2014 school year to include the following: <ul style="list-style-type: none"> <li>• Name of the curriculum</li> <li>• Description of the skills that will be addressed</li> <li>• Name and description of key instructional strategies that will be used</li> <li>• Subject area(s) and grade level(s) that will be used by each instructional material listed in the response</li> <li>• Recent (within last 10 years) research and citations that support the curriculum</li> </ul>	<b>25</b>	
<b>Criterion 2-Part II: Applicant provided a description of the process to assess student’s needs, identify student’s skills or knowledge gaps, and monitor student’s progress.</b>		
Applicant identified the instrument and process that will be used to assess a student’s needs.	<b>5</b>	
Applicant identified the instrument and process to assess academic learning gains.	<b>10</b>	
Applicant described the process of how student weaknesses will be met while still addressing required grade level curriculum.	<b>10</b>	
<b>CRITERION 2 - POINTS ASSIGNED:</b>	<b>50</b>	

<b>Application Narrative</b>			
<b>Criteria</b>	<b>Total Possible Points</b>	<b>Minimum Points Required Per Criterion</b>	<b>Assigned Points</b>
<b>Demonstrated Record of Effectiveness</b> <i>Scoring Range: 50 - 0 points available</i>	<b>50</b>	35	
<b>High Quality, Research-Based Instructional Services</b> <i>Scoring Range: 50 - 0 points available</i>	<b>50</b>	35	
<b>TOTAL POINTS</b>	<b>100</b>	<b>70</b>	

## Business and Financial Requirements

If the application is submitted online, Applicants must scan and upload requested documentation as evidence of the applicant's legal qualification to do business in Florida and financial soundness.

### ***Evidence of Legal Qualification to do Business in Florida***

Please upload or deliver, for mailed applications, a copy of the document(s) that formally acknowledges the applicant's legal status to conduct business in Florida.

Please upload or deliver a copy of one of the following documents:

- Florida business license
- Florida Certificate of Status
- 501(c) 3 (non-profit organizations)

Please upload or deliver a copy of one of the following documents:

- Articles of Incorporation
- Articles of Organization
- Partnership Agreement
- Sole Proprietorship Attestation

Please upload or deliver a copy of the following document, if applicable:

- Fictitious Name Filing

### ***Evidence of Financial Soundness***

Please upload or deliver the following documentation to demonstrate financial resources to operate SES:

- Certified Public Accountant (CPA) audited balance sheet in United States dollars performed within the closing of the applicant's last fiscal year; and
- Six-month operating budget that must include expenses for insurance policies, salaries, marketing, instructional materials, facility rental fees, professional development, fingerprinting/background screening, transportation and servicing debt.
- If the applicant is unable to demonstrate financial soundness based on the criteria above, FDOE will accept a line of credit from a financial institution in the amount to increase current assets. A line of credit issued within the last calendar year demonstrating access to funds for the first six months of the school year or bank statement within the past three months from a financial institution showing evidence of available and sufficient resources equal to or greater than the required budget to operate for six months.

## General Assurances

Applicant must certify, as an individual authorized to act on behalf of the organization in submitting this application, that all of the information provided herein is true and accurate, to the best of his or her knowledge. Applicant further certifies that the organization will comply with all of the assurances set forth herein. Applicant understands that if any of the information contained herein has been misrepresented, it 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.

### *Assurances*

- Please certify agreement and compliance with all of the following assurances:
1. Applicant has not been disbarred. "Debarment and Suspension" requires that all contractors receiving individual awards, using federal funds, and all sub-recipients certify that the organization and its members are not disbarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency from doing business with the federal government.
  2. Applicant has not been terminated for cause in the district(s) which the applicant selects to offer SES.
  3. 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/assets/2010-eia-code-of-ethics.pdf>.
  4. Applicant agrees 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.
  5. Applicant agrees to attend a mandatory SES meeting sponsored by FDOE. Applicant will be notified of the meeting date, time and location at least 15 business days prior to the meeting. Failure to attend meeting may result in applicant being removed from the state-approved SES provider list unless the applicant is able to demonstrate, in writing, unforeseen and uncontrollable circumstances that prohibited the applicant from attending the mandatory meeting.
  6. Abide by Rules 6A-1.039 and 6A-1.0391, Florida Administrative Code and Section 1008.331, Florida Statutes.