



Massachusetts Department of
**ELEMENTARY & SECONDARY
EDUCATION**

Application

Request for Response Number 03OSERE1A

(List of Approved Supplemental Educational Service Providers)

Name of Organization Applying	
Date Submitted	
Contact Name	
Phone	
Email	

Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, MA 02148-4906

Phone 781-338-3000 TTY: N.E.T. Relay 800-439-2370

www.doe.mass.edu

Instructions

1. **Before applying**, prospective providers should review the following:
 - a. Attachments A through C and
 - b. Summary, Rules, Issuer(s) and Forms and Terms related to the RFR as found on the Commonwealth of Massachusetts Operational Services Division's Comm-PASS Web site (www.comm-PASS.com).

2. **When applying**, complete and assemble the following in one package:
 - One (1) signed original application, including supporting materials such as letters of reference and resumes of instructors/assistants

 - Six (6) copies of the signed application and supporting materials

 - Signed copies of the following State forms as found on the Commonwealth of Massachusetts Operational Services Division's Comm-PASS Web site (www.comm-PASS.com):
 - Affirmative Market Program

 - Contractor Authorized Signatory Listing Form

 - Standard Contract / Amendment Form

 - Terms and Conditions

 - W-9

 - Authorized Mandatory Submission Form

 - Executive Order 504 Contractor Certification Form

 - Electronic Funds Transfer Form (If Applicable)

 - An electronic, virus-free copy of the application (e.g., CD-ROM, flash drive, or 3.5" diskette formatted for a PC) in Microsoft Word or Adobe PDF Format.

3. **Submit** single application package to:

Mr. John Desses
State SES Coordinator / Procurement Manager
Massachusetts Department of Elementary and Secondary Education
75 Pleasant Street
Malden, MA 02148-4906
(781) 338-6328

Notes:

- This RFR utilizes a rolling application and review process. Applications may be submitted at any time and may be reviewed and scored by the Procurement Management Team prior to or between scheduled reading rounds.
- To expedite the review process, prospective providers who previously submitted applications prior to February 11, 2003 must clearly indicate those facets of the application that changed from the original submission (additions, edits, or omissions.)
- Applications passing the scoring requirements are reviewed to ensure they contain the required State forms as stipulated in the Request for Response documents.
- The Department reserves the right to approve specific subject areas and grades.
- All documentation must be completed correctly in order for contracting to be completed and before a successfully scoring provider can be added to the State's Approved Provider List.
- Upon execution of the contract with the Department, a copy of the executed contract will be sent to the provider, and the Department will add the provider to the State's Approved Provider List on the Department's Web site at <http://www.doe.mass.edu/ses/>. The Department will notify all respondents of their approval status.
- If selected for service by parents of eligible students, approved providers may be contacted by schools/districts to provide the approved services at contracted pricing terms, to the degree that they are within the per-pupil funding caps. Before providing services through this program, the provider must sign agreements, one per student served, with each student's district.
- At the conclusion of the evaluation year as determined by the Department, the provider must submit to the Department, and to all schools of students served, a final written report that summarizes the progress of all students provided with supplemental services. The Department will communicate the reporting format to each provider at least annually.

Part I. Basic Program Information					
Federal EIN or Social Security Number					
Subject Areas Covered		<input type="checkbox"/> Reading <input type="checkbox"/> Mathematics <input type="checkbox"/> Writing <input type="checkbox"/> Science <input type="checkbox"/> English as a Second Language (for Limited English Proficient Students)			
Organizational History Organizations must have experience providing student academic assistance such as tutoring, remediation, or other educational interventions either during or outside of the regular school day. The experience does not have to be within the state of Massachusetts.		The organization has been delivering supplemental educational services to students in grades K-12 for _____ years and _____ months.			
Has your organization ever been removed from any state's approved SES provider list?		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" is checked above, describe the reason(s) for such removal:			
Grades Served Prior to Submitting Application Indicate the total number of students in each grade, both in Massachusetts and out of state, who were provided supplemental educational services by the organization prior to submitting this application, and indicate the total number of years the organization has worked with students in each grade.		# Students Served in MA	# Students Served in Other States	Total # of Years	Grade Level
					K
					1
					2
					3
					4
					5
					6
					7
					8
					9
					10
					11
					12

Grades Able to Serve	# Students	Grade Level	# Students	Grade Level
Provide an estimate of the maximum number of students in Massachusetts in each grade the organization will be able to serve through the program while maintaining quality service and results.		K		7
		1		8
		2		9
		3		10
		4		11
		5		12
		6		

Service Area		<input type="checkbox"/> Organization can serve all districts in Massachusetts	
Check all districts in which the organization is willing and able to provide services.			
<input type="checkbox"/>	Abby Kelley Foster Reg CS	<input type="checkbox"/>	Berkshire Arts & Tech CS
<input type="checkbox"/>	Abington	<input type="checkbox"/>	Berkshire Hills
<input type="checkbox"/>	Acad/Strategic Learn HMCS	<input type="checkbox"/>	Berlin
<input type="checkbox"/>	Academy Of Pacific Rim CS	<input type="checkbox"/>	Berlin-Boylston
<input type="checkbox"/>	Acton	<input type="checkbox"/>	Beverly
<input type="checkbox"/>	Acton-Boxborough	<input type="checkbox"/>	Billerica
<input type="checkbox"/>	Acushnet	<input type="checkbox"/>	Blackstone Valley Reg
<input type="checkbox"/>	Adams-Cheshire	<input type="checkbox"/>	Blackstone-Millville
<input type="checkbox"/>	Advanced Math and Science CS	<input type="checkbox"/>	Blue Hills Voc
<input type="checkbox"/>	Agawam	<input type="checkbox"/>	Boston
<input type="checkbox"/>	Amesbury	<input type="checkbox"/>	Boston Evening Acad HMCS
<input type="checkbox"/>	Amherst	<input type="checkbox"/>	Boston Preparatory CS
<input type="checkbox"/>	Amherst-Pelham	<input type="checkbox"/>	Boston Renaissance CS
<input type="checkbox"/>	Andover	<input type="checkbox"/>	Bourne
<input type="checkbox"/>	Arlington	<input type="checkbox"/>	Boxborough
<input type="checkbox"/>	Ashburnham-Westminster	<input type="checkbox"/>	Boxford
<input type="checkbox"/>	Ashland	<input type="checkbox"/>	Boylston
<input type="checkbox"/>	Assabet Valley	<input type="checkbox"/>	Braintree
<input type="checkbox"/>	Athol-Royalston	<input type="checkbox"/>	Brewster
<input type="checkbox"/>	Atlantis CS	<input type="checkbox"/>	Bridgewater-Raynham
<input type="checkbox"/>	Attleboro	<input type="checkbox"/>	Brimfield
<input type="checkbox"/>	Auburn	<input type="checkbox"/>	Bristol County Agr
<input type="checkbox"/>	Avon	<input type="checkbox"/>	Bristol-Plymouth Voc Tech
<input type="checkbox"/>	Ayer	<input type="checkbox"/>	Brockton
<input type="checkbox"/>	Barnstable	<input type="checkbox"/>	Brookfield
<input type="checkbox"/>	Barnstable HMCS	<input type="checkbox"/>	Brookline
<input type="checkbox"/>	Bedford	<input type="checkbox"/>	Burlington
<input type="checkbox"/>	Belchertown	<input type="checkbox"/>	Cambridge
<input type="checkbox"/>	Bellingham	<input type="checkbox"/>	Canton
<input type="checkbox"/>	Belmont	<input type="checkbox"/>	Cape Cod Region Voc Tech
<input type="checkbox"/>	Benjamin Banneker CS	<input type="checkbox"/>	Carlisle
<input type="checkbox"/>	Berkley	<input type="checkbox"/>	Carver

Service Area (Continued)	
<input type="checkbox"/>	Central Berkshire
<input type="checkbox"/>	Champion HMCS
<input type="checkbox"/>	Chatham
<input type="checkbox"/>	Chelmsford
<input type="checkbox"/>	Chelsea
<input type="checkbox"/>	Chicopee
<input type="checkbox"/>	Christa McAuliffe Reg CS
<input type="checkbox"/>	City On A Hill CS
<input type="checkbox"/>	Clarksburg
<input type="checkbox"/>	Clinton
<input type="checkbox"/>	Codman Academy CS
<input type="checkbox"/>	Cohasset
<input type="checkbox"/>	Community CS of Cambridge
<input type="checkbox"/>	Community Day CS
<input type="checkbox"/>	Concord
<input type="checkbox"/>	Concord-Carlisle
<input type="checkbox"/>	Conservatory Lab CS
<input type="checkbox"/>	Danvers
<input type="checkbox"/>	Dartmouth
<input type="checkbox"/>	Dedham
<input type="checkbox"/>	Deerfield
<input type="checkbox"/>	Dennis-Yarmouth
<input type="checkbox"/>	Dighton-Rehoboth
<input type="checkbox"/>	Douglas
<input type="checkbox"/>	Dover
<input type="checkbox"/>	Dover-Sherborn
<input type="checkbox"/>	Dracut
<input type="checkbox"/>	Dudley-Charlton Reg
<input type="checkbox"/>	Duxbury
<input type="checkbox"/>	East Bridgewater
<input type="checkbox"/>	East Longmeadow
<input type="checkbox"/>	Eastham
<input type="checkbox"/>	Easthampton
<input type="checkbox"/>	Edgartown
<input type="checkbox"/>	Edward Brooke CS
<input type="checkbox"/>	Erving
<input type="checkbox"/>	Essex Agr Tech
<input type="checkbox"/>	Everett
<input type="checkbox"/>	Excel Academy CS
<input type="checkbox"/>	Fairhaven
<input type="checkbox"/>	Fall River
<input type="checkbox"/>	Falmouth
<input type="checkbox"/>	Farmington River Reg
<input type="checkbox"/>	Fitchburg
<input type="checkbox"/>	Florida
<input type="checkbox"/>	Four Rivers CS
<input type="checkbox"/>	Foxboro Regional CS
<input type="checkbox"/>	Foxborough
<input type="checkbox"/>	Framingham
<input type="checkbox"/>	Franklin
<input type="checkbox"/>	Franklin County
<input type="checkbox"/>	Freetown
<input type="checkbox"/>	Frontier
<input type="checkbox"/>	Gardner
<input type="checkbox"/>	Gateway
<input type="checkbox"/>	Georgetown
<input type="checkbox"/>	Gill-Montague
<input type="checkbox"/>	Global Learning Charter School
<input type="checkbox"/>	Gloucester
<input type="checkbox"/>	Grafton
<input type="checkbox"/>	Granby
<input type="checkbox"/>	Greater Fall River
<input type="checkbox"/>	Greater Lawrence RVT
<input type="checkbox"/>	Greater Lowell Voc Tec

Service Area (Continued)			
<input type="checkbox"/>	Greater New Bedford	<input type="checkbox"/>	Lee
<input type="checkbox"/>	Greenfield	<input type="checkbox"/>	Leicester
<input type="checkbox"/>	Groton-Dunstable	<input type="checkbox"/>	Lenox
<input type="checkbox"/>	Hadley	<input type="checkbox"/>	Leominster
<input type="checkbox"/>	Halifax	<input type="checkbox"/>	Lexington
<input type="checkbox"/>	Hamilton-Wenham	<input type="checkbox"/>	Lincoln-Sudbury
<input type="checkbox"/>	Hampden-Wilbraham	<input type="checkbox"/>	Littleton
<input type="checkbox"/>	Hampshire	<input type="checkbox"/>	Lowell
<input type="checkbox"/>	Harwich	<input type="checkbox"/>	Lowell Community CS
<input type="checkbox"/>	Haverhill	<input type="checkbox"/>	Lowell Middlesex Acad CS
<input type="checkbox"/>	Hawlemont	<input type="checkbox"/>	Ludlow
<input type="checkbox"/>	Health Careers Acad HMCS	<input type="checkbox"/>	Lunenburg
<input type="checkbox"/>	Hill View Montessori CS	<input type="checkbox"/>	Lynn
<input type="checkbox"/>	Hilltown Cooperative CS	<input type="checkbox"/>	Lynnfield
<input type="checkbox"/>	Hingham	<input type="checkbox"/>	Malden
<input type="checkbox"/>	Holbrook	<input type="checkbox"/>	Manchester Essex Regional
<input type="checkbox"/>	Holland	<input type="checkbox"/>	Mansfield
<input type="checkbox"/>	Holliston	<input type="checkbox"/>	Marblehead
<input type="checkbox"/>	Holyoke	<input type="checkbox"/>	Marion
<input type="checkbox"/>	Holyoke Community CS	<input type="checkbox"/>	Marlborough
<input type="checkbox"/>	Hopedale	<input type="checkbox"/>	Marshfield
<input type="checkbox"/>	Hudson	<input type="checkbox"/>	Marston Mill East HMCS
<input type="checkbox"/>	Hull	<input type="checkbox"/>	Marthas Vineyard
<input type="checkbox"/>	Innovation Academy Charter School	<input type="checkbox"/>	Martha's Vineyard CS
<input type="checkbox"/>	Ipswich	<input type="checkbox"/>	Mashpee
<input type="checkbox"/>	King Philip	<input type="checkbox"/>	Mattapoisett
<input type="checkbox"/>	Kingston	<input type="checkbox"/>	Maynard
<input type="checkbox"/>	Kipp Academy Lynn CS	<input type="checkbox"/>	Medford
<input type="checkbox"/>	Lakeville	<input type="checkbox"/>	Media & Tech CS
<input type="checkbox"/>	Lanesborough	<input type="checkbox"/>	Medway
<input type="checkbox"/>	Lawrence	<input type="checkbox"/>	Melrose
<input type="checkbox"/>	Lawrence Family Dev CS	<input type="checkbox"/>	Mendon-Upton

Service Area (Continued)	
<input type="checkbox"/>	Methuen
<input type="checkbox"/>	Middleborough
<input type="checkbox"/>	Middleton
<input type="checkbox"/>	Milford
<input type="checkbox"/>	Millbury
<input type="checkbox"/>	Millis
<input type="checkbox"/>	Milton
<input type="checkbox"/>	Minuteman Voc Tech
<input type="checkbox"/>	MLK Jr. School of Excellence
<input type="checkbox"/>	Mohawk Trail
<input type="checkbox"/>	Monson
<input type="checkbox"/>	Montachusett Voc Tech Reg
<input type="checkbox"/>	Mystic Valley Regional CS
<input type="checkbox"/>	Nahant
<input type="checkbox"/>	Nantucket
<input type="checkbox"/>	Narragansett
<input type="checkbox"/>	Nashoba
<input type="checkbox"/>	Nashoba Valley Tech
<input type="checkbox"/>	Natick
<input type="checkbox"/>	Nauset
<input type="checkbox"/>	Needham
<input type="checkbox"/>	Neighborhood House CS
<input type="checkbox"/>	New Bedford
<input type="checkbox"/>	New Leadership HMCS
<input type="checkbox"/>	New Salem-Wendell
<input type="checkbox"/>	Newburyport
<input type="checkbox"/>	Newton
<input type="checkbox"/>	Norfolk County Agr
<input type="checkbox"/>	North Adams
<input type="checkbox"/>	North Andover
<input type="checkbox"/>	North Attleborough
<input type="checkbox"/>	North Brookfield
<input type="checkbox"/>	North Central Charter Ess
<input type="checkbox"/>	North Middlesex
<input type="checkbox"/>	North Shore Reg Voc
<input type="checkbox"/>	Northampton
<input type="checkbox"/>	Northampton-Smith
<input type="checkbox"/>	Northborough
<input type="checkbox"/>	Northbridge
<input type="checkbox"/>	Northeast Metro Voc
<input type="checkbox"/>	Northern Berkshire Voc
<input type="checkbox"/>	Norton
<input type="checkbox"/>	Norwood
<input type="checkbox"/>	Oak Bluffs
<input type="checkbox"/>	Old Colony Reg Voc Tech
<input type="checkbox"/>	Old Rochester
<input type="checkbox"/>	Orange
<input type="checkbox"/>	Orleans
<input type="checkbox"/>	Oxford
<input type="checkbox"/>	Palmer
<input type="checkbox"/>	Pathfinder Voc Tech
<input type="checkbox"/>	Peabody
<input type="checkbox"/>	Pembroke
<input type="checkbox"/>	Pentucket
<input type="checkbox"/>	Phoenix Charter Academy
<input type="checkbox"/>	Pioneer Charter of Science
<input type="checkbox"/>	Pioneer Valley
<input type="checkbox"/>	Pioneer Valley Perf Arts
<input type="checkbox"/>	Pittsfield
<input type="checkbox"/>	Plainville
<input type="checkbox"/>	Plymouth
<input type="checkbox"/>	Prospect Hill Academy CS
<input type="checkbox"/>	Provincetown
<input type="checkbox"/>	Quabbin

Service Area (Continued)			
<input type="checkbox"/>	Quaboag Regional	<input type="checkbox"/>	South Shore Cs
<input type="checkbox"/>	Quincy	<input type="checkbox"/>	South Shore Reg Voc Tech
<input type="checkbox"/>	Ralph C Mahar	<input type="checkbox"/>	Southampton
<input type="checkbox"/>	Randolph	<input type="checkbox"/>	Southbridge
<input type="checkbox"/>	Reading	<input type="checkbox"/>	Southeastern Reg Voc Tech
<input type="checkbox"/>	Revere	<input type="checkbox"/>	Southern Berkshire
<input type="checkbox"/>	Rising Tide CS	<input type="checkbox"/>	Southern Worcester Cty VT
<input type="checkbox"/>	Robert M Hughes Acad CS	<input type="checkbox"/>	Southwick-Tolland
<input type="checkbox"/>	Rochester	<input type="checkbox"/>	Spencer-E Brookfield
<input type="checkbox"/>	Rockland	<input type="checkbox"/>	Springfield
<input type="checkbox"/>	Rockport	<input type="checkbox"/>	Stoneham
<input type="checkbox"/>	Roxbury Prep CS	<input type="checkbox"/>	Stoughton
<input type="checkbox"/>	S.Boston Harbor Acad CS	<input type="checkbox"/>	Sturbridge
<input type="checkbox"/>	Sabis International CS	<input type="checkbox"/>	Sudbury
<input type="checkbox"/>	Salem	<input type="checkbox"/>	Sunderland
<input type="checkbox"/>	Salem Academy CS	<input type="checkbox"/>	Sutton
<input type="checkbox"/>	Sandwich	<input type="checkbox"/>	Swampscott
<input type="checkbox"/>	Saugus	<input type="checkbox"/>	Swansea
<input type="checkbox"/>	Savoy	<input type="checkbox"/>	Tantasqua
<input type="checkbox"/>	Seekonk	<input type="checkbox"/>	Taunton
<input type="checkbox"/>	Seven Hills CS	<input type="checkbox"/>	Tewksbury
<input type="checkbox"/>	Sharon	<input type="checkbox"/>	Tisbury
<input type="checkbox"/>	Shawsheen Valley Voc Tech	<input type="checkbox"/>	Topsfield
<input type="checkbox"/>	Sherborn	<input type="checkbox"/>	Tri County
<input type="checkbox"/>	Shirley	<input type="checkbox"/>	Triton
<input type="checkbox"/>	Shrewsbury	<input type="checkbox"/>	Truro
<input type="checkbox"/>	Silver Lake	<input type="checkbox"/>	Tyngsborough
<input type="checkbox"/>	Smith Leadership Academy	<input type="checkbox"/>	Uphams Corner CS
<input type="checkbox"/>	So Middlesex Voc Tech Reg	<input type="checkbox"/>	Up-Island Regional
<input type="checkbox"/>	Somerset	<input type="checkbox"/>	Upper Cape Cod Voc Tech
<input type="checkbox"/>	Somerville	<input type="checkbox"/>	Uxbridge
<input type="checkbox"/>	South Hadley	<input type="checkbox"/>	Wachusett

Service Area (Continued)			
<input type="checkbox"/>	Wakefield	<input type="checkbox"/>	Weston
<input type="checkbox"/>	Wales	<input type="checkbox"/>	Westport
<input type="checkbox"/>	Walpole	<input type="checkbox"/>	Weymouth
<input type="checkbox"/>	Waltham	<input type="checkbox"/>	Whitman-Hanson
<input type="checkbox"/>	Ware	<input type="checkbox"/>	Whittier Voc
<input type="checkbox"/>	Wareham	<input type="checkbox"/>	Williamsburg
<input type="checkbox"/>	Watertown	<input type="checkbox"/>	Williamstown
<input type="checkbox"/>	Webster	<input type="checkbox"/>	Wilmington
<input type="checkbox"/>	Wellesley	<input type="checkbox"/>	Winchendon
<input type="checkbox"/>	Wellfleet	<input type="checkbox"/>	Winchester
<input type="checkbox"/>	West Boylston	<input type="checkbox"/>	Winthrop
<input type="checkbox"/>	West Springfield	<input type="checkbox"/>	Woburn
<input type="checkbox"/>	Westborough	<input type="checkbox"/>	Worcester
<input type="checkbox"/>	Westfield	<input type="checkbox"/>	Wrentham
<input type="checkbox"/>	Westford		

Geographic Setting	School type(s) organization served prior to submitting application: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural School type(s) organization is prepared to serve if approved: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural
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<p>Place of Service</p> <p>NOTE: Services cannot be provided in a private residence other than that of the student and without an adult present other than the tutor.</p>	<input type="checkbox"/> At the student's school <input type="checkbox"/> In the student's home <input type="checkbox"/> Over the Internet <input type="checkbox"/> Business (Provide complete addresses of all locations below) <input type="checkbox"/> Place of religious worship (e.g., church, synagogue, mosque, temple, etc.). (Provide complete addresses of all locations below) <input type="checkbox"/> Community center (Provide complete addresses of all locations below)													
<p>Specific Student Populations Able to Serve</p> <p>Indicate the groups which the organization is able to serve if approved.</p>	<input type="checkbox"/> Students from low income families <input type="checkbox"/> Migrant students <input type="checkbox"/> Students with limited English proficiency <input type="checkbox"/> Students with disabilities (List specific types) <input type="checkbox"/> Other groups (Describe) Organization has expertise in following languages: <table border="1" data-bbox="662 951 1448 1129"> <tr> <td><input type="checkbox"/> Spanish</td> <td><input type="checkbox"/> Portuguese</td> <td><input type="checkbox"/> Korean</td> </tr> <tr> <td><input type="checkbox"/> Khmer</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td><input type="checkbox"/> Creole</td> <td><input type="checkbox"/> Russian</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Arabic</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> Spanish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Korean	<input type="checkbox"/> Khmer	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Laotian	<input type="checkbox"/> Creole	<input type="checkbox"/> Russian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Arabic		
<input type="checkbox"/> Spanish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Korean												
<input type="checkbox"/> Khmer	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Laotian												
<input type="checkbox"/> Creole	<input type="checkbox"/> Russian	<input type="checkbox"/> Japanese												
<input type="checkbox"/> Arabic														
<p>Type of Organization</p> <p>Check all categories that describe the organization.</p>	<table border="1" data-bbox="662 1140 1448 1404"> <tr> <td><input type="checkbox"/> Faith-Based</td> <td><input type="checkbox"/> Individual Public School</td> </tr> <tr> <td><input type="checkbox"/> For Profit</td> <td><input type="checkbox"/> Private School</td> </tr> <tr> <td><input type="checkbox"/> Institution of Higher Ed.</td> <td><input type="checkbox"/> School District</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Not for Profit</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (Describe)</td> </tr> </table>		<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Individual Public School	<input type="checkbox"/> For Profit	<input type="checkbox"/> Private School	<input type="checkbox"/> Institution of Higher Ed.	<input type="checkbox"/> School District	<input type="checkbox"/> Not for Profit		<input type="checkbox"/> Other (Describe)			
<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Individual Public School													
<input type="checkbox"/> For Profit	<input type="checkbox"/> Private School													
<input type="checkbox"/> Institution of Higher Ed.	<input type="checkbox"/> School District													
<input type="checkbox"/> Not for Profit														
<input type="checkbox"/> Other (Describe)														

<p>Time of Service</p> <p>Check all time(s) that describe when the organization will be able to deliver services to students.</p>	<p><input type="checkbox"/> Before school</p> <p><input type="checkbox"/> After school (afternoons)</p> <p><input type="checkbox"/> After school (evenings)</p> <p><input type="checkbox"/> Weekends</p> <p><input type="checkbox"/> Summer</p> <p><input type="checkbox"/> School vacations</p> <p><input type="checkbox"/> Other (Describe)</p>
<p>Mode of Instructional Delivery</p> <p>Indicate the methods in which the program generally delivers instruction to students (check all that apply).</p>	<p><input type="checkbox"/> Individual instruction</p> <p><input type="checkbox"/> Small group (2-5 students)</p> <p><input type="checkbox"/> Medium group (6-10 students)</p> <p><input type="checkbox"/> Larger groups (11-15 students)</p> <p><input type="checkbox"/> Distance learning/Internet</p> <p><input type="checkbox"/> Computer-aided instruction (non distance learning/Internet)</p> <p><input type="checkbox"/> Other (Describe)</p>
<p>Instructor/Assistant-to-Student Ratios</p> <p>NOTES: Maximum ratio is 10 students per instructor/assistant. Maximum grade-span for group instruction is three grades apart. Minimum number of students indicated will serve as contractually-required minimum unless otherwise specified in the district-provider contract.</p>	<p>From a low of _____ students for every 1 instructor/assistant</p> <p>To no more than _____ students for every 1 instructor/assistant</p>

<p>Hours of Student Instruction Per Month</p> <p>NOTE: Do not include administrative time, breaks, or any other time “off-task.” The number represents the applicant’s contractual minimum available commitment.</p>	<p>_____</p>	<p><input type="checkbox"/> Unlimited (i.e., always available via Internet)</p>		
<p>Average Cost</p> <p>Provide the average cost per pupil or per group, per hour of service.</p>			Per Pupil	Per Group
	\$ per hour			
	Number of hours of instruction per month			
	Average cost per month			
	<p>If unable to describe per pupil fee structure in an hourly format, provide a description of the cost per pupil below: Amount: _____ Per: _____ Explanation:</p>			

<p>Public Transportation and Proximity to Public Transit</p> <p>Provide information about accessibility to public transportation to and from sites where services may be delivered. Attach additional pages as necessary.</p> <p>NOTE: "Accessible" means within a 5-minute safe walk of public transportation that runs at least every 20 minutes around the time that students begin and end their sessions.</p>	The following locations are accessible via public transit:	
	Location	Bus Route / Transit Line & Stop
	<input type="checkbox"/> No locations accessible via public transportation. <input type="checkbox"/> N/A (Distance learning, via Internet, at student's school, in student's home, within walking distance of student's school, etc.)	

Provider Contact Information General Contact Person	Name	
	Title	
	Organization	
	Street Address 1	
	Street Address 2	
	City	
	State	
	Zip	
	Phone	
	Fax	
	Email	
	Web Site	
Provider Contact Information School Business/Procurement Officer (If different than above person)	Name	
	Title	
	Organization	
	Street Address 1	
	Street Address 2	
	City	
	State	
	Zip	
	Phone	
	Fax	
	Email	
	Web Site	

Part II. Indicators of Quality

NOTES:

- Sections A-H below are scored.
- Page limits and portions of total score are indicated for each section.
- Allowable attachments are limited to only those documents specifically cited; however, organizations may submit any printed brochures describing the services provided.
- Responses must be submitted with the application in a Microsoft Word or Adobe PDF document.
- Number each page, provide the name of the organization on each page, and clearly label each section.

A. Evidence of Effectiveness

Limit 2 pages excluding letters of reference. Portion of Total Score: 15%

1. Provide evidence that the program has increased student achievement. Use evidence provided by either standardized tests (including MCAS scores if possible) or by other nonstandardized methods. Examples of non-standardized methods include self-developed pre and posttests; assessments from teachers, surveys, or questionnaires; school grades, homework completion; or other school or program measures of performance.
2. Provide 5-10 letters of reference from previous clients (families, schools, districts, students, teachers, etc.) offering testimonial information on the positive impact of the program. Provide contact information, start and end dates of service provided, and school and district name for each reference. (Letters from school districts in the applicant's service area will be considered most significant.)
3. Provide additional evidence, if available, of improved outcomes, such as student attendance, retention/promotion rates, graduation rates, and/or parent/guardian satisfaction.

B. Evidence of Link Between Research and Program Design

Limit 2 pages. Portion of Total Score: 15%

Responses will be evaluated on the extent to which applicant clearly and specifically explain how the key instructional practices and major design elements of the program are (1) high quality, (2) based on models that have been proven effective through academic research, and (3) specifically designed to increase student academic achievement.

1. Explain the particular program design was selected and cite external or internal academic research that offers evidence that the design of the major program elements will help increase students' academic achievement. (These "major elements" may include mode of instruction, class size, time on task, etc.) For providers that offer reading instruction, the findings of the National Reading Panel <http://www.nationalreadingpanel.org/> must be addressed by the program design. Additional research resources can be found at: <http://www.ed.gov/nclb/methods/whatworks/edpicks.jhtml?src=az>.

C. Connection to the Massachusetts Curriculum Frameworks and District Instructional Programs

Limit 3 pages. Portion of Total Score: 15%

Responses will be evaluated on the extent to which the program's connection to Massachusetts' learning standards and to the local instructional program(s) are clearly and specifically described. Massachusetts Curriculum Frameworks can be found at: <http://www.doe.mass.edu/frameworks/current.html>.

Massachusetts Comprehensive Assessment System (MCAS) test questions can be found at: <http://www.doe.mass.edu/mcas/testitems.html>.

1. Describe the program's alignment to specific learning standards in the Massachusetts Curriculum Frameworks. When possible, cite the specific learning standards your program addresses.
2. Describe how the organization will ensure that the program is consistent with the instruction provided and content used by the students' district(s) the organization had indicated it could serve in this application.

D. Assessment, Goal Setting, Monitoring Student Progress and Communication with Schools

Limit 3 pages. Portion of Total Score: 20%

Responses will be evaluated based on the extent to which the organization clearly describes the specific programs and practices use to diagnose a student's needs, prescribe an instructional program to meet that student's needs, evaluate and monitor students' progress towards clearly identified goals, and communicate with schools regarding student goals and progress.

1. Describe the specific process used to:
 - Identify skill or knowledge gaps and other individual student needs using information from the Individual Student Success Plan [ISSP] and/or other forms of assessment. (Schools are required to develop an academic plan called an ISSP for each student who scores in the failing/warning category on an MCAS test.)
 - Prescribe an instructional program with clearly defined goals and a timetable based on the student's individual needs.
2. Describe the specific process used to evaluate and monitor student progress on a regular basis.
3. Describe the specific procedures that will be used to report student goals and progress to the students' teacher(s) and appropriate school or district staff (also identify the timetable for reporting this information).

E. Communication with Parents/Guardians

Limit 2 pages. Portion of Total Score: 10%

Responses to this topic will be evaluated based on the extent to which the organization can demonstrate a consistent and specific process for directly providing parents/guardians of the students with information on the progress of their children in increasing achievement, and providing that information in a format and language that parents/guardians can understand. (“Directly” means from the provider to parent/guardian without requiring any intermediary, such as a school, to distribute information.)

1. Describe the specific procedures that will be used to report on student progress to the students’ parents/guardians (include how often progress will be reported).
2. Describe how parents/guardians will be involved in creating a timetable and establishing goals for their child’s academic progress.
3. Describe the degree to which the needs and schedules of working parents/guardians will be accommodated.
4. Describe the process that will be used to resolve any disputes or conflicts that may occur between staff, parents, and/or students.
5. Describe ways in which parents/guardians are encouraged to participate in the services provided.
6. Describe any training that is provided to staff regarding working with parents/guardians.
7. If applicable, list the languages other than English in which the organization is able to provide information to parents/guardians.

F. Qualifications of Instructional Staff

Limit 1 page, excluding resumes. Portion of Total Score: 15%

Responses will be evaluated based on the extent to which the organization can offer strong evidence of highly qualified staff and have demonstrated a commitment to ongoing professional development and improvement of service. "Highly Qualified" means that staff has provided effective services that have measurably increased student achievement, ideally to Title I students or similar populations.

1. Describe the staff's qualifications to provide high quality supplemental services, using all of the following indicators as sources of evidence.
 - Process for recruiting and hiring high quality instructors;
 - Highest degree attained and/or certification of instructors;
 - Years and level of work experience of instructors, particularly in working with Title I students;
 - Amount and quality of training provided to instructors;
 - Process for regularly reviewing instructor performance.
2. Submit resumes for each staff member who may be providing services as an instructor (outlining employment experience, professional development experiences, and professional affiliations).
3. Additionally, describe qualifications of any assistants who may also work with students. If all staff are not yet hired, or change during the contract period, the respondent agrees to submit to the Department, before services are engaged, a resume of each staff member providing services. This will be done at the time of signing an agreement between the district and provider.

Approved providers are required to conduct annual Criminal Offender Record Information (CORI) checks on all staff members who will work with students through this contract. When entering into an agreement with a school district, providers are required to give copies of current checks to the district prior to working with the students. The provider will maintain a file of annually updated CORI checks for each of these staff members. This information will be available to the parent/guardian and the Department upon request as well. Districts may also conduct their own CORI checks on the provider's staff members.

G. Financial and Organizational Capacity

Portion of Total Score: 10%

1. Provide evidence that the organization is financially sound and that it has the organizational capacity to deliver quality services over time to the number of students it proposes to serve.
2. Use all of the following as sources of evidence:
 - Copies of business license or formal documentation of legal status with respect to conducting business in Massachusetts (and in specific district(s), if available);
 - A description of how the provider currently receives funds (e.g., grants, fees-for-service, venture capital, stockholders, etc.);
 - Results of the organization's annual audit;
 - Descriptions of the qualifications, the number of and roles of management team members (e.g., CEO, CFO, COO, Marketing Director, Director of Staff Development, etc.) and senior staff members who help set direction and maintain a leadership system. (Note: a "team" may be only one or two persons in smaller organizations.)

H. Other Considerations (Optional)

No Response Required. Portion of Total Score: up to 5% “extra credit”

If all requirements of this RFR are met, additional scoring consideration will be given to responses in this section that offer evidence of delivering additional value to the student, parent, school, or the Department. Value added consideration will not be extended to extra cost offerings or to information that is scored in the other sections.

<p>Program Description (Website Text)</p> <p>Provide a brief description of the program.</p> <p>If your application is approved, this summary will be posted along with other provider information on the Department’s Web site at www.doe.mass.edu/ses/results.asp.</p> <p>NOTE: Your organization’s Program Description (approximately two paragraphs long) provides parents/guardians an understanding of their child’s expected experience in the program. Include typical teaching methods, styles and activities.</p>	
<p>Evidence of Effectiveness (Website Text)</p> <p>Provide a brief description of the program’s evidence of effectiveness.</p> <p>If your application is approved, this summary will be posted along with other provider information on the Department’s Web site at www.doe.mass.edu/ses/results.asp.</p> <p>NOTE: Your organization’s Evidence of Effectiveness (approximately two paragraphs long) should cite evidence of increased student achievement as measured by standardized tests (including Massachusetts Comprehensive Assessment (MCAS) scores, if possible) as well as other methods. For example, you may wish to include testimonials from families, educators, and members of the general public detailing the positive aspects of the program, particularly as they relate to improved student academic achievement.</p>	

Part III. Assurances and Certification

Assurances

1. The provider will meet all applicable health, safety, and civil rights laws on federal, state, and local levels, for both students and staff members, including all necessary occupancy licenses and permits, and including compliance with IDEA and ADA.
2. All sites in which students are to receive SES will have documented plans in place for emergency medical situations, evacuations, and ambulance and poison calls.
3. The provider will assume primary responsibility for conducting annual Criminal Offender Record Information (CORI) checks on all staff that will work with students before those staff members work with students through this program. The provider will certify that it has conducted a CORI check on staff and the staff has met the provider's screening criteria prior to working with students. The provider will maintain a file of annually updated CORI checks for each of these staff members. Alternatively, and at the discretion of the school district, the provider will furnish information to the school district that would enable the district to conduct CORI checks on provider staff members working in district schools (MGL ch. 71 § 38R).
4. Providers, other than school district providers, will not employ any individuals who currently serve districts in the capacity of Superintendent, Assistant or Deputy Superintendent, Charter School Leader, School Committee Member, Governing Board Member, Principal, Assistant Principal, or school or district SES Coordinator to serve students in the district of employment or service.
5. The provider will provide the Department with the resumes of any instructors/assistants before the employees start working with students under the RFR. The provider will, upon request of the school district(s) in which the provider operates, provide same resumes to the school district.
6. The provider will not deliver services in a private residence other than that of the student, and not without the student's parent/guardian present.
7. All instruction and content delivered within a provider's program will be secular, neutral, and non-ideological.
8. All qualified children whose parents/guardians request services from the provider will be served equally, without restriction. The provider will not, on the basis of disability, exclude qualified students with disabilities or students covered under Section 504.
9. The provider will not disclose to the public the identity of any student eligible for or receiving SES without the written permission of the parent/guardian.
10. The provider is financially stable and will be able to complete services to the student and the school.

Part III. Assurances and Certification (Continued)

Assurances (Continued)

11. The provider will maintain liability insurance. The provider will, upon request of the school district(s) in which the provider operates, furnish a copy of said liability insurance to the school district.
12. The provider will not engage in illegal or deceptive practices, falsify any information on its application or other reports to the Department, or violate other State or federal laws, including:
 - a. Giving incentives or gifts to a student or parent for enrolling in a specific program or to switch enrollment to another program;
 - b. Offering incentives (such as cash, merchandise, or free educational services) in excess of \$5.00 in value to schools, school districts, parents, students or other entities for signing up students for their programs;
 - c. Offering “kickbacks” to school or school district officials, principals, or teachers who encourage parents to select that provider; and
 - d. Engaging in false advertising about its program or other providers’ programs.
13. The provider will adhere to the provisions of the RFR originally submitted to and approved by the Department, such as:
 - a. The nature of programs or services offered;
 - b. The minimum or maximum number of students the provider agrees to serve;
 - c. The student-to-instructor ratio;
 - d. Employee qualifications;
 - e. Rates charged for services; and
 - f. Timeline for notification of service availability (if the provider is a school district) and timeline for initiation of services.
14. The provider will be factual and forthright in reporting and documenting attendance rates, program effectiveness, and in explaining the theoretical/empirical rationale behind major elements of its program, as well as the link between research and program design.
15. The provider agrees to take appropriate corrective action against provider employees, consultants or contractors who act in a manner detrimental to the letter or spirit of the Assurances and Certification, and take immediate steps to correct any actions on its part that willfully or inadvertently violate the letter or spirit of these Assurances and Certification.

Part III. Assurances and Certification (Continued)

Certification

By application to this statewide contract, which is the Department's list of approved supplemental educational services providers, applicants agree that, if approved, they are governed by the requirements and evaluation criteria described: in this RFR Application Form document, in the Attachment A document, the Attachment B document, the Request for Response document, and in all documents and forms required in Section 11 of the Request for Response document.

I certify personally, and on behalf of the organization I represent, that the information provided and claims made above and in the attached RFR Application Form are true and correct, under penalty of applicable laws of the Commonwealth of Massachusetts. I understand that any information or claim provided that proves to be false or incorrect either at the time of signature or at any time forward, can be grounds for cancellation of this contract.

Signature

The same signature that appears above must be of the same person whose signature is required on the Contractor Authorized Signature Verification Form.

Date

Print Name

Title

Organization Name