

For State Use Only

Application Number: _____

Date Received: _____

PUBLIC SCHOOLS OF NORTH CAROLINA

Building On Success For Superior Schools

No Child
LEFT BEHIND

2014-2015
North Carolina
Supplemental Educational
Services
Provider Renewal
Application



Applicant's Name (organization): _____

Note: The name listed above is considered to be the official name of the organization and will be used for all public information sharing purposes.

Renewal Application Contents

SECTION I: Certifications	3
A. Standards and Procedures Agreement	3
B. Debarment Certification	4
SECTION II: Basic Program Information	5
Directions for Renewal Application	6

SECTION I: Certifications

Each applying organization must provide an assurance that the Supplemental Educational Services Procedures have been reviewed and will be followed by any approved providers and their representatives. Each applicant must also provide an assurance of compliance with the “Debarment and Suspension” provision of Federal Executive Order (E.O.) 12549. Any omission of information in this section may require the applicant to provide additional information during the Reconsideration Phase prior to continued review for approval.

Standards and Procedures Agreement

I have read and agree to the terms outlined in the *North Carolina Supplemental Educational Services Standards and Procedures* manual. A signature indicates the provider and all employees and representatives of the provider’s organization will abide by the terms set forth in the *North Carolina Supplemental Educational Services Standards and Procedures* manual. Violation of the terms may result in removal from the State Approved List by the North Carolina State Board of Education. The organization understands that approval does not constitute a guarantee of employment.

Position of Service Representative and Company Name

Signature of Service Representative and Date Signed

Debarment Certification

Federal Executive Order (E.O.) 12549 "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.

A signature below certifies that the Supplemental Educational Services provider organization is presently **not** in debarment status, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or agency.

Name: _____

Address: _____

Company: _____

Address: _____

Signature: _____

Date: _____

SECTION II: Basic Program Information

Approved providers must continue to implement Supplemental Educational Services according to the provisions contained within the original approved application. Revisions may only be submitted for specific allowable components of the original approved application. Complete **all** of the components below for which the provider is requesting to revise or update (including sections A, B, C, and D):

- Contact Information
- Total Hours of Instruction
- Cost
- Districts to be Served

A. Contact Information	<p>General Contact Person</p> <p>Name: _____ Title: _____</p> <p>Organization: _____</p> <p>Street Address 1: _____</p> <p>Street Address 2: _____</p> <p>City: _____ State: _____ ZIP code: _____</p> <p>Phone: _____ FAX: -</p> <p>Email: _____ Web site: _____</p> <p>Contact person for North Carolina SES if different from the person listed above.</p> <p>Name: _____ Title: _____</p> <p>Organization: _____</p> <p>Street Address 1: _____</p> <p>Street Address 2: _____</p> <p>City: _____ State: _____ ZIP code: _____</p> <p>Phone: _____ FAX: -</p> <p>Email: _____ Web site: _____</p> <p>Mailing address if different from physical address</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP code: _____</p>
B. Total Hours of Instruction in program	<p><i>Please describe the total number of hours of instruction students will receive in the program. DO NOT include administrative time, breaks, or any other time "off-task." The number below represents the applicant's contractual minimum available commitment if the number is greater than the required number of hours a provider must offer to students. NOTE: Providers must offer a minimum of 30 hours of tutoring to be approved.</i></p> <p><input type="checkbox"/> Number of hours of instruction:</p> <p><input type="checkbox"/> Unlimited (e.g., always available via Internet access)</p>

C. Cost	<p>List the program fee per hour. If the fee structure is based on a different unit of time, please calculate how the fee structure breaks down on a hourly basis. NOTE: Fee cannot exceed the per pupil allotment divided by the minimum number of hours.</p> <p>\$ _____ per hour per student</p>
D. Service Areas	<p>Indicate the school district(s) in which you are able to provide services. While only a subset of these districts will have schools with students that are eligible for supplemental services under this contract, you are being asked to select all districts which you can serve to avoid the need to make changes in the future if additional districts are added. Note that Charter Schools are part of a county area.</p> <p><input type="checkbox"/> The organization can serve all districts in North Carolina.</p> <p><input type="checkbox"/> The organization can serve the following school districts in North Carolina. (<u>list below in alphabetical order</u>)</p>

Directions for Renewal Applications

A completed renewal application includes the following items.

1. This SES Provider Renewal Application is only six pages and must include:
 - o Cover Page
 - o Section I: Certifications
 - o Section II: Basic Program Information

NOTE: The only changes that may be made to a Provider Renewal Application from the originally approved SES application are those sections indicated in the Basic Program Information section of the renewal form of the application. Any other changes made in the SES program will require the applicant to resubmit the full version of the application.

Mail the hard copy:

Dr. Ken Kitch, Coordinator SES
 Federal Program Monitoring and Support Division
 North Carolina Department of Public Instruction
 Program Monitoring Section
 MSC # 6351
 Raleigh, North Carolina 27699-6351

One hard copy must be received in the office of Federal Program Monitoring and Support Division at the NC Department of Public Instruction by 4:00 p.m. on the due date of Friday, May 30, 2014, for consideration to be a provider for the upcoming 2014-2015 school year. An e-mailed renewal application will not substitute for the receipt of a hard copy with original signatures as required.