

INSTRUCTIONS: Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to marshh@michigan.gov.

CHECK THE APPROPRIATE BOX:

For Profit Company Organization Local School District Community-Based Organization
 Non-Profit Organization Public School Academy Private School
 Institution of Higher Education Intermediate School District Faith-Based Organization

Section 1: Provider Identification

Name of Entity Life Changing Center, Inc.

Name of Director Bishop Michael Jones Sr.

Address 9755 Chalmers City Detroit State MI Zip 48213

Phone (313) 839-5200 Fax (313) 839-2007 Email lifechangingcenter@sbcglobal.net

Proposed Location of Services (if different from above):

Address 14324 Longview City Detroit State MI Zip 48213

If different from Director:

Name of Contact Person Thisha R. Cohen

Address 18505 W. Eight Mile Rd, Ste 111 City Detroit State MI Zip 48219

Phone (313) 535-6801 Fax (313) 535-6802 Email neweragroup@sbcglobal.net

Section 2: Provider Geographic Service Area Information

1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes X No

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

Detroit Public School Districts

Entire Region of Michigan

2. Proposed Location of Services – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: 14324 Longview, Detroit, MI 48213

Site Location #2: Other Public School Facilities

Site Location #3: _____

3. Transportation – Provide information about accessibility to public transportation from your site:

Transportation is not provided.

Public Transportation is less than a ½ mile from location.

4. Indicate if you are willing to provide services to eligible students at the school site:

Yes No

Section 3: Provider Academic/Instructional Program Information

1. Subject Areas Covered – List all subject areas you address in working with students:

Math, Reading, Language Arts, Computer Training

2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: K through 12th

3. Time of Services – Indicate when you deliver services to students:

Before School After School Weekends Summer Other _____

4. Mode of Instructional Delivery – Describe the methods by which your program delivers instruction to students:

Individual Tutoring Small Group Instruction Large Group Instruction

Online Web-Based Other Computer Training

5. Schedule of Services – Indicate the length of each tutoring session and number of sessions per week:

Length of Session 3 Hours Number of Sessions per Week 3 Sessions

6. Staffing – Indicate the type(s) of staff that provide instruction to students:

Certified Teachers Paraprofessionals Volunteers Other _____

7. Special Populations Served – Indicate special populations you are able to serve:

Special Education Limited English Proficient Other _____

Section 4: Provider Fees

Cost/Fee Structure – Check and complete the cost/fee structure you use:

\$60.00 per session (unit of time, e.g., hour, week, etc.) per student.

\$ _____ (flat fee) for _____ (unit of time, e.g., month, semester, year) per student.

Services Summary

(Please limit responses to one word or short phrases. This information will be used in the compilation of a statewide master chart for parents and local school districts PSAs.)

| | |
|---|---|
| Name | Life Changing Center, Inc. |
| City and County | Detroit, Wayne County 48213 |
| Proposed location of service delivery | 14324 Longview and Other Public School Facilities |
| If service delivery is not at the student's school, is transportation provided, and if yes, is there a separate fee? (Note: Districts are not required to provide or pay for transportation.) | Transportation is not provided. |
| Services period start and end date for 2005-06 | September 2005 – September 2006 |
| Service Area | Entire State of Michigan |
| Type of certifications/qualification of instructors | Instructors must meet or exceed minimum NCLB qualifications |
| Individual or small group (maximum# in small group) | Training – Grade level instruction K – 12 th grades. 10 maximum in small groups. |
| Length of each tutoring session | 2-3 hrs per day |
| Number of sessions per week | 3 |
| Cost per session | \$60.00 |
| Grade levels served | K through 12 th Grades |
| Tutoring available in Reading, Math, and Language Arts | ALL |
| Title of tutoring curriculum/program utilized | Open Court, Reading First, Math Success |
| Evidence of program effectiveness | Student Achievements, Parents Assessments, Surveys, and Progress Reports |
| Specific of reporting to district, parents, and teacher(s) | Monthly Reports, Pre/Post Tests, Parent/Teacher Conferences |
| Description of services available to diverse populations (i.e., special needs, specific languages) | Special Education; Bi-lingual Teachers |
| Other information: | Program cost not to exceed district's Title I maximum allocations |