

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 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 Metropolitan Certified Teachers Association, LLC (MCTA)

Name of Director Bernadette Matthews

Address P.O. Box 34525 City Detroit State MI Zip 48234

Phone 313-414-0575 Fax 313-365-8565 Email TheMCTAEmail@aol.com

Proposed Location of Services (if different from above):

Address Various locations throughout Metro Detroit City _____ State _____ Zip _____

If different from Director:

Name of Contact Person Bernadette Matthews

Address P.O. Box 34525 City Detroit State MI Zip 48234

Phone 1-313-414-0575 Fax 1-313-365-8565 Email TheMCTAEmail@aol.com

Section 2: Provider Geographic Service Area Information

1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes No

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

All Michigan counties and School Districts

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

Site Location #1: <u>19642 W. Seven Mile Rd, Detroit, MI 48219</u>
Site Location #2: <u>Local libraries, churches and community centers near student's homes & schools</u>
Site Location #3: <u>In-Home Tutorial Services- Computer/Web Based Tutoring-Schools</u>

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

<u>NO, however our services are delivered at the student's respective school, In-Home and in local libraries, churches, and community centers near the student's home or respective school.</u>

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:

<u>Reading</u>
<u>Writing</u>
<u>Math</u>
<u>Academic Content Areas</u>

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

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 Parent & Student Tutoring and Workshops _____

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

Length of Session 1.5 to 2 hours Number of Sessions per Week 2 to 5 Sessions
per week

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

Certified Teachers Paraprofessionals paired with/Certified Teacher _____
 Volunteers Other College students registered in an accredited Teacher
Certification programs

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:

\$65.00 per hour (unit of time, e.g., hour, week, etc.) per student.
 \$ _____ (flat fee) for _____ (unit of time, e.g., month, semester, year) per student.