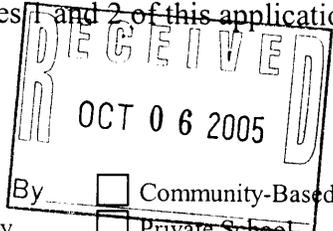


# MICHIGAN DEPARTMENT OF EDUCATION SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

**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](mailto:MarshH@michigan.gov).



CHECK THE APPROPRIATE BOX:

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> For Profit Company   | <input type="checkbox"/> Local School District        | By <input type="checkbox"/> Community-Based Organization |
| <input type="checkbox"/> Non-Profit Organization         | <input type="checkbox"/> Public School Academy        | <input type="checkbox"/> Private School                  |
| <input type="checkbox"/> Institution of Higher Education | <input type="checkbox"/> Intermediate School District | <input type="checkbox"/> Faith-Based Organization        |

**Section 1: Provider Identification**

Name of Entity Ventures Education Systems Corp.  
 Name of Director Lynne Hartman  
 Address 15 Maiden Lane Sikeston City NY State NY Zip 10038  
 Phone 212-566-2522 Fax 212-566-2536 Email Lhartman@vesc-education.com

Proposed Location of Services (if different from above):

Address @ Schools City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If different from Director:

Name of Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**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)

\_\_\_\_\_  
 \_\_\_\_\_

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

Site Location #1: Schools

Site Location #2: \_\_\_\_\_

Site Location #3: \_\_\_\_\_

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

N/A. We use the school transportation.

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:

\_\_\_\_\_

2. **Grade Level Able to Serve** – Indicate the grade levels you are able to serve: Elementary, JHS, HS

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 \_\_\_\_\_

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

Length of Session 2 hours Number of Sessions per Week 2 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:

\$ 100 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.