

## Registry of Qualified Vendors for Federally Funded (1003[g]) SIG-Funded School Improvement Grants: Accepted Applicant

<b>1. Vendor Name</b>	American Institutes for Research (AIR)/ Learning Point Associates (LPA)
<b>2. Doing Business As (DBA) if applicable:</b> This name will appear on the Department's web-based registry of qualified applicants.	same as above
<b>3. Date Added to the Registry of Qualified Vendors</b>	March 15, 2011
<b>4. CEO or Owner Information</b>	<i>Name:</i> David Myers <i>Title:</i> Chief Executive Officer <i>Phone:</i> 202-403-5110 <i>E-mail:</i> dmyers@air.org
<b>5. Vendor Contact Information</b> Provide name for <b>ONE</b> person only. This is the <b>ONLY</b> person with whom the Department will communicate. (This shall also be the <b>ONLY</b> person who may change any information the Department has on file for the applicant.)	<i>Contact Person's Name:</i> Jessica Johnson <i>Street Address:</i> 1120 E. Diehl Road, Suite 200 <i>City:</i> Naperville <i>State:</i> Illinois <i>ZIP:</i> 60563-1483 <i>Phone:</i> 630-649-6512 <i>Toll Free # (if available):</i> <i>FAX:</i> 630-649-6700 <i>Email:</i> jjohnson@air.org <i>Website:</i> www.air.org
<b>6. Type of Entity</b>	Check the category that best describes your program: <input type="checkbox"/> business (private) <input checked="" type="checkbox"/> business or organization (public, not for profit) <input type="checkbox"/> sole proprietorship <input type="checkbox"/> limited liability corporation <input type="checkbox"/> institution of higher education <input type="checkbox"/> general or limited partnership <input type="checkbox"/> other - explain: _____
<b>7. History of Service to LEAs and Schools</b> (Failure to provide accurate response to these questions will lead to disqualification as a registered applicant).	Check (X) the period of time the vendor has provided Whole School Reform and/or School Intervention services to LEAs: <u>15</u> years  Name of LEA: <u>(Note: due to the length of the extensive list, it has been included in the electronic portfolio sent to LEAs)</u> LEA Location (city and state): _____ School building(s): _____ Date of provided service: _____ (repeat as necessary in order to provide a list of clients)

	comprehensive enough to demonstrate scope of experience)
<b>8. Capacity to Serve</b>	<p>Indicate the maximum number of students that vendor will be able to serve while maintaining quality service and results. Capacity to serve LEAs/schools (check all that apply)</p> <p>LEA Size:  <input checked="" type="checkbox"/> 75,000-120,000  <input checked="" type="checkbox"/> 50,000-74,999  <input checked="" type="checkbox"/> 25,000-49,999  <input checked="" type="checkbox"/> Up to 24,999</p> <p>School Size:  <input checked="" type="checkbox"/> Up to 300  <input checked="" type="checkbox"/> 301-600  <input checked="" type="checkbox"/> 601-900  <input checked="" type="checkbox"/> 901-1,200  <input checked="" type="checkbox"/> 1,201-1,500  <input checked="" type="checkbox"/> 1,500 and up</p>
<b>9. Schools Model Able to Served (Check all that apply)</b>	<p>Check (X) the school demographic(s) in which the vendor has experience serving.</p> <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Suburban <input checked="" type="checkbox"/> Urban
<b>10. Schools/Grade Levels Able to Served (Check all that apply)</b>	<p>Check (X) the grade levels in which the vendor has experience serving.</p> <input type="checkbox"/> Early Learning (Pre-K) <input checked="" type="checkbox"/> Elementary Schools <input checked="" type="checkbox"/> Middle Schools <input checked="" type="checkbox"/> High Schools (9-12)
<b>11. Place of Service</b>	<p>Check (X) the location(s) that describe(s) where vendor is willing and able to deliver services.</p> <input checked="" type="checkbox"/> On Site (local school building) <input checked="" type="checkbox"/> Off-Site (LEA Sites, business or community locations). <input checked="" type="checkbox"/> Via technology Internet/online <input checked="" type="checkbox"/> Software-based <input checked="" type="checkbox"/> Other: (Specify)_____
<b>12. Experience with Specific Student Populations</b>	<p>Check (X) all groups to which vendor will provide services.</p> <input checked="" type="checkbox"/> Migrant students <input checked="" type="checkbox"/> Limited English proficient students (LEP) Indicate specific language(s) _____ _____ <input checked="" type="checkbox"/> Students with disabilities <input checked="" type="checkbox"/> Students under Section 504 of the Rehabilitation Act of 1973 <input type="checkbox"/> Other-specify_____