

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

1. Applicant Name	HOPE Foundation																				
2. Doing Business As (DBA) if applicable: This name will appear on the Department's web-based registry of qualified applicants.	HOPE Foundation																				
3. Date Added to Registry of Quality Schools	March 15, 2011																				
4. CEO or Owner Information	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><i>Name:</i></td> <td><i>Alan Blankstein</i></td> </tr> <tr> <td><i>Title:</i></td> <td><i>Board President</i></td> </tr> <tr> <td><i>Phone:</i></td> <td><i>812-355-6000</i></td> </tr> <tr> <td><i>E-mail:</i></td> <td><i>cwander@hopefoundation.org</i></td> </tr> </table>	<i>Name:</i>	<i>Alan Blankstein</i>	<i>Title:</i>	<i>Board President</i>	<i>Phone:</i>	<i>812-355-6000</i>	<i>E-mail:</i>	<i>cwander@hopefoundation.org</i>												
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<i>E-mail:</i>	<i>cwander@hopefoundation.org</i>																				
5. Vendor Contact Information Provide name for ONE person only. This is the ONLY person with whom the Department will communicate. (This shall also be the ONLY person who may change any information the Department has on file for the applicant.)	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><i>Contact Person's Name:</i></td> <td><i>Skip Daley</i></td> </tr> <tr> <td><i>Street Address:</i></td> <td><i>1252 North Loesch Road</i></td> </tr> <tr> <td><i>City:</i></td> <td><i>Bloomington</i></td> </tr> <tr> <td><i>State:</i></td> <td><i>Indiana</i></td> </tr> <tr> <td><i>ZIP:</i></td> <td><i>47404</i></td> </tr> <tr> <td><i>Phone:</i></td> <td><i>812-355-6000</i></td> </tr> <tr> <td><i>Toll Free # (if available):</i></td> <td><i>800-627-0232</i></td> </tr> <tr> <td><i>FAX:</i></td> <td><i>812-323-8140</i></td> </tr> <tr> <td><i>Email:</i></td> <td><i>sdaley@hopefoundation.org</i></td> </tr> <tr> <td><i>Website:</i></td> <td><i>www.hopefoundation.org</i></td> </tr> </table>	<i>Contact Person's Name:</i>	<i>Skip Daley</i>	<i>Street Address:</i>	<i>1252 North Loesch Road</i>	<i>City:</i>	<i>Bloomington</i>	<i>State:</i>	<i>Indiana</i>	<i>ZIP:</i>	<i>47404</i>	<i>Phone:</i>	<i>812-355-6000</i>	<i>Toll Free # (if available):</i>	<i>800-627-0232</i>	<i>FAX:</i>	<i>812-323-8140</i>	<i>Email:</i>	<i>sdaley@hopefoundation.org</i>	<i>Website:</i>	<i>www.hopefoundation.org</i>
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6. Type of Entity	Check the category that best describes your program: <input type="checkbox"/> business (private) <input 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 checked="" type="checkbox"/> other -: Non-Profit																				
7. History of Service to LEAs and Schools (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: 8 years Names of Districts and Schools with which HOPE has recently performed Whole School / District Reform: Chapel Hill Independent School District Tyler, TX 2009-Present																				

	<p>Dodge County School District Eastman, GA 2009-Present</p> <p>Fort Wayne Community Schools Fort Wayne, IN 2008-Present</p> <p>Ingham Intermediate School District Mason, MI 2008-09</p> <p>Mansfield Independent School District Mansfield, TX 2007-Present</p> <p>Mattoon Community Unit School District #2 Mattoon, IL 2007-09</p> <p>Pottstown School District Pottstown, PA 2008-09</p> <p>Sunnyside Unified School District #12 Tucson, AZ 2008-10</p> <p>Wichita Public Schools Wichita, KS 2007-09</p> <p>La Grange Independent School District La Grange, TX 2009 – Present</p> <p>Allen Elementary School Marion, IN 46952 2008-09</p> <p>Harvest Preparatory Academy Yuma, AZ 2009-10</p> <p>Foothill High School Bakersfield, CA</p>
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	<p>2010-Present</p> <p>Arvin High School Arvin, CA 2007-10</p>
8. Capacity to Serve	<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 type="checkbox"/> Up to 300 <input type="checkbox"/> 301-600 <input type="checkbox"/> 601-900 <input checked="" type="checkbox"/> 901-1,200 <input type="checkbox"/> 1,201-1,500 <input type="checkbox"/> 1,500 and up</p>
9. Schools Model Able to Served (Check all that apply)	<p>Check (X) the school demographic(s) in which the vendor has experience serving.</p> <p><input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Suburban <input checked="" type="checkbox"/> Urban</p>
10. Schools/Grade Levels Able to Served (Check all that apply)	<p>Check (X) the grade levels in which the vendor has experience serving.</p> <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)</p>
11. Place of Service	<p>Check (X) the location(s) that describe(s) where vendor is willing and able to deliver services.</p> <p><input checked="" type="checkbox"/> On Site (local school building) <input type="checkbox"/> Off-Site (LEA Sites, business or community locations). <input type="checkbox"/> Via technology Internet/online <input type="checkbox"/> Software-based <input type="checkbox"/> Other: (Specify) _____</p>
12. Experience with Specific Student Populations	<p>Check (X) all groups to which vendor will provide services.</p> <p><input type="checkbox"/> Migrant students <input type="checkbox"/> Limited English proficient students (LEP) Indicate specific language(s) _____ _____</p>

	<p>___ Students with disabilities</p> <p>___ Students under Section 504 of the Rehabilitation Act of 1973</p> <p>___ Other-specify _____</p>
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