

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

1. Vendor Name	Lindenwood University, School of Education Department of Educational Leadership School Improvement Research Center
2. Doing Business As (DBA) if applicable: This name will appear on the Department's web-based registry of qualified applicants.	NA
3. Date Added to Registry of Qualified Vendors	March 15, 2011
4. CEO or Owner Information	<i>Name:</i> NA <i>Title:</i> <i>Phone:</i> <i>E-mail:</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.)	<i>Contact Person's Name:</i> Dr. Terry Stewart, Assistant Dean <i>Street Address:</i> 209 South Kingshighway <i>City:</i> St. Charles <i>State:</i> Missouri <i>ZIP:</i> 63304 <i>Phone:</i> 636.949.4656 <i>Toll Free # (if available):</i> <i>FAX:</i> 636.949.4197 <i>Email:</i> tstewart@lindenwood.edu <i>Website:</i> www.lindenwood.edu
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 checked="" type="checkbox"/> institution of higher education <input type="checkbox"/> general or limited partnership <input type="checkbox"/> other - explain: _____
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: ___ 1 to 3 years _x_ 3 years or more Name of LEA: <u>Jennings School District</u> LEA Location (city and state): <u>St. Louis County, MO</u> School building(s): <u>1 High School; 1 Jr. High; 5 Elementary</u> Date of provided service: <u>1994-2005</u>
8. Capacity to Serve	Indicate the maximum number of students that vendor will be

	<p>able to serve while maintaining quality service and results. Capacity to serve LEAs/schools (check all that apply) LEA Size: <input type="checkbox"/> 75,000-120,000 <input 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>
9. Schools Model Able to Served (Check all that apply)	<p>Check (X) the school demographic(s) in which the vendor has experience serving. <input 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. <input checked="" 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. <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 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. <input type="checkbox"/> Migrant students <input type="checkbox"/> Limited English proficient students (LEP) Indicate specific language(s) _____ <input type="checkbox"/> Students with disabilities <input type="checkbox"/> Students under Section 504 of the Rehabilitation Act of 1973 <input checked="" type="checkbox"/> Other-specify <u>Minority; Free/Reduced; Homeless/Transitional; Foster</u></p>