

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

1. Vendor Name	College Entrance Examination Board
2. Doing Business As (DBA) if applicable: This name will appear on the Department's web-based registry of qualified applicants.	The College Board
3. Date Added to the Registry of Qualified Vendors	March 15, 2011
4. CEO or Owner Information	<i>Name:</i> Gaston Caperton <i>Title:</i> President <i>Phone:</i> 212.213.8000 <i>E-mail:</i> kgallagher@collegeboard.org
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> John White, Educational Manager <i>Street Address:</i> 6111 North River Road, Suite 550 <i>City:</i> Rosemont <i>State:</i> Illinois <i>ZIP:</i> 60018-5158 <i>Phone:</i> 847.653.4522 <i>Toll Free # (if available):</i> <i>FAX:</i> 847.653.4528 <i>Email:</i> jwhite@collegeboard.org <i>Website:</i> www.collegeboard.org
6. Type of Entity	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: _____
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: <u> 10 </u> years Name of LEA: (Note: due to the length of the extensive list, it has been included in the electronic portfolio sent to LEAs) _____ LEA Location (city and state): _____ School building(s): _____ Date of provided service: _____

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:</p> <p><input checked="" type="checkbox"/> 75,000-120,000</p> <p><input type="checkbox"/> 50,000-74,999</p> <p><input type="checkbox"/> 25,000-49,999</p> <p><input type="checkbox"/> Up to 24,999</p> <p>School Size:</p> <p><input type="checkbox"/> Up to 300</p> <p><input type="checkbox"/> 301-600</p> <p><input type="checkbox"/> 601-900</p> <p><input type="checkbox"/> 901-1,200</p> <p><input type="checkbox"/> 1,201-1,500</p> <p><input checked="" type="checkbox"/> 1,500 and up</p>
9. Schools Model Able to Served (<i>Check all that apply</i>)	<p>Check (X) the school demographic(s) in which the vendor has experience serving.</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p> <p><input checked="" type="checkbox"/> Urban</p>
10. Schools/Grade Levels Able to Served (<i>Check all that apply</i>)	<p>Check (X) the grade levels in which the vendor has experience serving.</p> <p><input type="checkbox"/> Early Learning (Pre-K)</p> <p><input type="checkbox"/> Elementary Schools</p> <p><input checked="" type="checkbox"/> Middle Schools</p> <p><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)</p> <p><input checked="" type="checkbox"/> Off-Site (LEA Sites, business or community locations.)</p> <p><input checked="" type="checkbox"/> Via technology Internet/online</p> <p><input checked="" type="checkbox"/> Software-based</p> <p><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 checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students (LEP)</p> <p>Indicate specific language(s) _____</p> <p>_____</p> <p><input checked="" type="checkbox"/> Students with disabilities</p> <p><input checked="" type="checkbox"/> Students under Section 504 of the Rehabilitation Act of 1973</p> <p><input type="checkbox"/> Other-specify _____</p>

