

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

1 to 1 Tutoring
Company Name/dba

12636 NW Naomi Lane
Street Address

Portland OR 97229
City State Zip

503-956-5611 503-536-6593
Telephone Number Facsimile Number

Julie Wright
Name of Person Authorized to Sign Offer

President/Owner
Title of Authorized Person

Julie Wright 4-29-2010
Signature of Authorized Person Date of Offer

info@1to1tutoring.org
E-Mail Address

600425410 (pending)
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
<u>01</u>	<u>4-29-2010</u>		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated April 29, 2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 001
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16th day of JUNE, 2010.

Clay Down for
Douglas C. Peeples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 50.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

1 to 1 Tutoring
 Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Julie Wright	Office Phone	503-965-5611
Title	President/Owner	Alternate Phone	
Address	12636 NW Naomi Lane	Fax	503-536-6593
City, State, Zip	Portland, OR 97229	Email	info@1to1tutoring.org

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Julie Wright	Office Phone	503-965-5611
Title	President/Owner	Alternate Phone	
Address	12636 NW Naomi Lane	Fax	503-536-6593
City, State, Zip	Portland, OR 97229	Email	info@1to1tutoring.org

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Julie Wright	Office Phone	503-965-5611
Title	President/Owner	Alternate Phone	
Address	12636 NW Naomi Lane	Fax	503-536-6593
City, State, Zip	Portland, OR 97229	Email	info@1to1tutoring.org

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Lua Masumi	Office Phone	510-545-2844
Title	Director	Alternate Phone	
Address	2420 NE 15th #1	Fax	
City, State, Zip	Portland, OR 97212	Email	lm@1to1tutoring.org

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

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The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

2 Excel Learning LLC
Company Name/dba
6791 NW 34 Street
Street Address
Margate FL 33063
City State Zip
800-403-6142 800-403-6142
Telephone Number Facsimile Number

6791 NW 34 Street
Name of Person Authorized to Sign Offer
Adam Cohn
Title of Authorized Person
[Signature] 5/3/10
Signature of Authorized Person Date of Offer
adamcohn@2excellearning.com
E-Mail Address

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
<u>01</u>	<u>4/22/10</u>		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/3/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 002
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

[Signature]
Douglas C. Peoples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

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ATTACHMENT 6.3

ARIZONA DEPARTMENT OF EDUCATION SUPPLEMENTAL EDUCATION SERVICES PROVIDER APPLICATION

Page 1 of 15

2 Excel Learning LLC

Name of Provider

DBA

Part I: Contact Information

- A. **Provider Contact for State SES Coordinator Use** (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Adam Cohn	Office Phone	800-403-6142
Title	Manager	Alternate Phone	954-579-6970
Address	6791 NW 34 Street	Fax	800-403-6142
City, State, Zip	Margate, FL 33063	Email	adamcohn@2excellearning.com

- B. **Provider Contact for District Use** (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Jay Dedea	Office Phone	623-238-4700
Title	Area Manager	Alternate Phone	800-403-6142
Address	2624 W Dale Lane	Fax	800-403-6142
City, State, Zip	Phoenix, AZ 85085-3739	Email	jdedia@2excellearning.com

- C. **Provider Contact for Parent Use** (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Jay Dedea	Office Phone	623-238-4700
Title	Area Manager	Alternate Phone	800-403-6142
Address	2624 W Dale Lane	Fax	800-403-6142
City, State, Zip	Phoenix, AZ 85085-3739	Email	jdedia@2excellearning.com

- D. **Contract Administration Contact for State Use** (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Adam Cohn	Office Phone	800-403-6142
Title	Manager	Alternate Phone	954-579-6970
Address	6791 NW 34 Street	Fax	800-403-6142
City, State, Zip	Margate, FL 33063	Email	adamcohn@2excellearning.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

TBC Services LLC, dba A Road 2 Learning, LLC

Company Name/dba

459 N Gilbert Rd., Ste. A148

Street Address

Gilbert
City

AZ
State

85234
Zip

480-545-2470

Telephone Number

480-558-5382

Facsimile Number

EIN 26-2854439

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Dr. Tom Schramski, PhD

Name of Person Authorized to Sign Offer

President / CEO, TBC Services, LLC

Title of Authorized Person

Signature of Authorized Person

5/4/10

Date of Offer

tschramski@tbcservicesllc.com

E-Mail Address

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)

Amendment No. Date
01 4/22/10

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/4/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023-003. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Clay Down for
Douglas C. Peebles, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

TBC Services, LLC
 Name of Provider

A Road 2 Learning, LLC
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Mr. Timothy Sturm	Office Phone	480-545-2470
Title	Managing Director	Alternate Phone	480-545-2479
Address	459 N Gilbert Rd. Ste. A148	Fax	480-558-5382
City, State, Zip	Gilbert, AZ 85234	Email	tsturm@aroad2learning.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Mr. Timothy Sturm	Office Phone	480-545-2470
Title	Managing Director	Alternate Phone	480-545-2479
Address	459 N Gilbert Rd., Ste. A148	Fax	480-558-5382
City, State, Zip	Gilbert, AZ 85234	Email	tsturm@aroad2learning.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Mr. Timothy Sturm	Office Phone	480-545-2470
Title	Managing Director	Alternate Phone	480-545-2479
Address	459 N Gilbert Rd., Ste. A148	Fax	480-558-5382
City, State, Zip	Gilbert, AZ 85234	Email	tsturm@aroad2learning.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Mr. Timothy Sturm	Office Phone	480-545-2470
Title	Managing Director	Alternate Phone	480-545-2479
Address	459 N Gilbert Rd., Ste. A148	Fax	480-558-5382
City, State, Zip	Gilbert, AZ 85234	Email	tsturm@aroad2learning.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

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The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

OPOK1 d/b/a A+ Grades Up
Company Name/dba
2800 Linda Lane Suite 8
Street Address
Edmond OK 73013
City State Zip
405-408-8556 866-547-2552
Telephone Number Facsimile Number

2600 Linda Lane - Suite 8
Name of Person Authorized to Sign Offer
Vice President
Title of Authorized Person
[Signature] 4-25-10
Signature of Authorized Person Date of Offer
david.durak@knowledgepoints.com
E-Mail Address

26-3349303
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
<u>Amendment 01</u>	<u>4/30/10</u>		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 4/25/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 004
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

[Signature]
Douglas C. Peebles, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

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Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

OPOK I, Inc.
 Name of Provider

A+ Grades Up
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Amy Marlow	Office Phone	405-708-4257
Title	Director of Education	Alternate Phone	
Address	2600 Linda Lane - Suite 8	Fax	866-547-2552
City, State, Zip	Edmond, OK 73013	Email	amy.marlow@grades-up.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Michele Esposito	Office Phone	602-332-7001
Title	Regional Coordinator	Alternate Phone	
Address	3942 North Rain Cloud Drive	Fax	
City, State, Zip	Apache Junction, AZ 85219	Email	Michele.esposito@grades-up.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Michele Esposito	Office Phone	602-332-7001
Title	Regional Coordinator	Alternate Phone	
Address	3942 North Rain Cloud Drive	Fax	
City, State, Zip	Apache Junction, AZ 85219	Email	Michele.esposito@grades-up.com

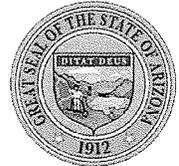
D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Amy Marlow	Office Phone	916-230-9708
Title	Director Educational Operations	Alternate Phone	
Address	8843 Westwood Court	Fax	877-778-2593
City, State, Zip	Valley Springs, CA 95252	Email	Lynn.kubeck@grades-up.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

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A2Z Educational Consultants
Company Name/dba
1023 Central Blvd.
Street Address
Hayward CA 94542
City State Zip
510-303-6080 623-243-6524
Telephone Number Facsimile Number

Cheryl Hightower
Name of Person Authorized to Sign Offer
Chief Executive Officer
Title of Authorized Person
Cheryl Hightower 4/27/10
Signature of Authorized Person Date of Offer
a2zed.consultants@mac.com
E-Mail Address

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 4/27/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- **005**
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Clay Down
Douglas C. Peoples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

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Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

A2Z Educational Consultants
 Name of Provider

DBA

Part I: Contact Information

A. **Provider Contact for State SES Coordinator Use** (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Cheryl Hightower	Office Phone	510-329-0221
Title	Chief Executive Officer	Alternate Phone	510-303-6080
Address	1023 Central Blvd.	Fax	623-243-6524
City, State, Zip	Hayward, CA 94542	Email	a2zed.consultants@mac.com

B. **Provider Contact for District Use** (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Dorothea Williams	Office Phone	510-303-6080
Title	Chief Academic Officer	Alternate Phone	510-329-0221
Address	1023 Central Blvd.	Fax	623-243-6524
City, State, Zip	Hayward, CA 94542	Email	a2zed.consultants@mac.com

C. **Provider Contact for Parent Use** (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Dorothea Williams	Office Phone	510-303-6080
Title	Chief Academic Officer	Alternate Phone	510-329-0221
Address	1023 Central Blvd.	Fax	623-243-6524
City, State, Zip	Hayward, CA 94542	Email	a2zed.consultants@mac.com

D. **Contract Administration Contact for State Use** (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Cheryl Hightower	Office Phone	510-329-0221
Title	Chief Executive Officer	Alternate Phone	510-303-6080
Address	1023 Central Blvd.	Fax	623-243-6524
City, State, Zip	Hayward, CA 94542	Email	a2zed.consultants@mac.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
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1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

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ABC Phonetic Reading School, Inc.

Company Name/dba

3127 North 17th Avenue

Street Address

Phoenix

City

AZ

State

85015-5803

Zip

602.279.0057

Telephone Number

602.277.4131

Facsimile Number

86-0608106

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

John Cahal

Name of Person Authorized to Sign Offer

President

Title of Authorized Person

[Signature] 5-3-2010

Signature of Authorized Person

Date of Offer

cahal@letread.com

E-Mail Address

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

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This Contract shall henceforth be referred to as Contract Number ED10-0023- 006
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

[Signature]
Douglas C. Peeples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

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e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

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ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

ABC Phonetic Reading School, Inc.
 Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	John Cahal	Office Phone	602.279.0057
Title	President	Alternate Phone	cell: 602.369.0839
Address	3127 N. 17th Avenue	Fax	602.277.4131
City, State, Zip	Phoenix, AZ 85015-5803	Email	cahal@letread.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Laura Heidenreich	Office Phone	602.279.0057
Title	Executive Director	Alternate Phone	cell: 602.577.5133
Address	1502 West Osborn	Fax	602.277.4131
City, State, Zip	Phoenix, AZ 85015	Email	laurah@letread.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Dorothy Frazier / Cesar Chavez	Office Phone	602.279.0057
Title	Education Specialist / Parent Contact	Alternate Phone	1.800.538.7323
Address	1502 W. Osborn	Fax	602.277.4131
City, State, Zip	Phoenix, AZ 85015	Email	dfrazier@letread.com/cchavez@letread.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	John Cahal	Office Phone	602.279.0057
Title	President	Alternate Phone	cell: 602.369.0839
Address	3127 N. 17th Avenue	Fax	602.277.4131
City, State, Zip	Phoenix, AZ 85015-5803	Email	cahal@letread.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
 Contract Management Unit – Bin # 37
 1535 West Jefferson Street
 Phoenix, Arizona 85007-3209

SOLICITATION NO. ED10-0023



OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Academia Freedom LLC
 Company Name/dba

5701 W. Pierson St.
 Street Address

Phoenix AZ 85031
 City State Zip

(602) 488-3205 (623) 455-3692
 Telephone Number Facsimile Number

26-4604530
 Offeror's Arizona Transaction (Sales)
 Privilege Tax License Number:

Cynthia Rios
 Name of Person Authorized to Sign Offer

Director
 Title of Authorized Person

Cynthia Rios 4/27/10
 Signature of Authorized Person Date of Offer

academiafreedom@gmail.com
 E-Mail Address

Acknowledgement of Amendment(s): <i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated)</i>	Amendment No. Date	Amendment No. Date
	<u>01</u> <u>4/22/10</u>	_____
	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD
(For State of Arizona Use Only)

Your Offer, dated 4/27/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- **007**
 You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Clay Downer for
 Douglas C. Peeples, MBA, DPPB, CPCM
 Chief Procurement Officer
 Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Academia Freedom LLC

Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Cynthia Rios	Office Phone	(602) 488-3205
Title	Director	Alternate Phone	
Address	5701 W. Pierson St.	Fax	(623) 455-3692
City, State, Zip	Phoenix, AZ 85031	Email	academiafreedom@gmail.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Cynthia Rios	Office Phone	(602) 488-3205
Title	Director	Alternate Phone	
Address	5701 W. Pierson St.	Fax	(623) 455-3692
City, State, Zip	Phoenix, AZ 85031	Email	academiafreedom@gmail.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Cynthia Rios	Office Phone	(602) 488-3205
Title	Director	Alternate Phone	
Address	5701 W. Pierson St.	Fax	(623) 455-3692
City, State, Zip	Phoenix, AZ 85031	Email	academiafreedom@gmail.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Cynthia Rios	Office Phone	(602) 488-3205
Title	Director	Alternate Phone	
Address	5701 W. Pierson St.	Fax	(623) 455-3692
City, State, Zip	Phoenix, AZ 85031	Email	academiafreedom@gmail.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Achievement Learning, LLC
Company Name/dba
4276 E. Cloudburst Court
Street Address
Gilbert AZ 85297
City State Zip
480-518-1586 480-279-9916
Telephone Number Facsimile Number

4276 E. Cloudburst Court
Name of Person Authorized to Sign Offer
Chief Executive Officer
Title of Authorized Person
Yvonne E. Miller 5/6/10
Signature of Authorized Person Date of Offer
yemiller@achievementlearn.com
E-Mail Address

EIN 27-1919249
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)

Amendment No.	Date	Amendment No.	Date
<u>1</u>	<u>April 22, 2010</u>		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/6/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 008
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Clay Don
Douglas C. Peeples, MBA, CPPB, CPCPM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Achievement Learning, LLC
 Name of Provider

Achievement Learning, LLC
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Yvonne E. Miller, M.A. Ed.	Office Phone	480-518-1586
Title	Chief Executive Officer	Alternate Phone	
Address	4276 E. Cloudburst Court	Fax	480-279-9916
City, State, Zip	Gilbert, AZ 85297	Email	yemiller@achievementlearn.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Yvonne E. Miller, M.A. Ed.	Office Phone	480-518-1586
Title	CEO	Alternate Phone	
Address	4276 E. Cloudburst Court	Fax	480-279-9916
City, State, Zip	Gilbert, AZ 85297	Email	yemiller@achievementlearn.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Yvonne E. Miller, M.A. Ed.	Office Phone	480-518-1586
Title	CEO	Alternate Phone	
Address	4276 E. Cloudburst Ct.	Fax	480-279-9916
City, State, Zip	Gilbert, Az 85297	Email	yemiller@achievementlearn.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Yvonne E. Miller, M.A. Ed.	Office Phone	480-279-9916
Title	CEO	Alternate Phone	
Address	4276 E. Cloudburst Ct.	Fax	480-279-9916
City, State, Zip	Gilbert, AZ 85297	Email	yemiller@achievementlearn.com

OFFER AND AWARD		
	ARIZONA DEPARTMENT OF EDUCATION Contract Management Unit – Bin # 37 1535 West Jefferson Street Phoenix, Arizona 85007-3209	
SOLICITATION NO. ED10-0023		
OFFER		

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Adelante Educational Services

Company Name/dba

22601 Summerfield

Street Address

<u>Mission Viejo</u>	<u>CA</u>	<u>92692</u>
City	State	Zip

<u>888.254.0465</u>	<u>949.362.2847</u>
Telephone Number	Facsimile Number

56-2580292

Lynn Hatton

Name of Person Authorized to Sign Offer

CEO

Title of Authorized Person

	<u>4/29/10</u>
Signature of Authorized Person	Date of Offer

LynnH@adelanteed.net

E-Mail Address

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s): <i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated)</i>		Amendment No.	Date		Amendment No.	Date
		_____	_____		_____	_____
		_____	_____		_____	_____

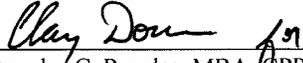
ACCEPTANCE OF OFFER AND CONTRACT AWARD
(For State of Arizona Use Only)

Your Offer, dated 4/29/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 009
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.



 Douglas C. Peeples, MBA, CPPB, CPCM
 Chief Procurement Officer
 Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Adelante Educational Services
 Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Glen Hatton	Office Phone	949.291.0481
Title	Chief Financial Officer	Alternate Phone	888.254.0465
Address	Lynn Hatton	Fax	949.362.2847
City, State, Zip	Mission Viejo, CA 92692	Email	GlenH@adelanteed.net

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Marcela Lopez	Office Phone	623.937.2231
Title	Area Operations Director	Alternate Phone	623.986.3903
Address	5008 W. Glendale #A-5	Fax	623.937.2328
City, State, Zip	Glendale, AZ 85301	Email	MarcelaL@adelanteed.net

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Marcela Lopez	Office Phone	623.937.2231
Title	Area Operations Director	Alternate Phone	623.986.3903
Address	5008 W. Glendale #A-5	Fax	623.937.2328
City, State, Zip	Glendale, AZ 85301	Email	MarcelaL@adelanteed.net

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Glen Hatton	Office Phone	949.291.0481
Title	Chief Financial Officer	Alternate Phone	888.254.0465
Address	22601 Summerfield	Fax	949.362.2847
City, State, Zip	Mission Viejo, CA 92692	Email	GlenH@adelanteed.net

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

All Access Tutoring Group
Company Name/dba

17120 N. Oliveto Avenue
Street Address

Maricopa AZ 85138
City State Zip

1-800-341-2656 1-866-514-8309
Telephone Number Facsimile Number

N/A

17120 N. Oliveto Avenue
Name of Person Authorized to Sign Offer

President / Director
Title of Authorized Person

[Signature] 04.25.10
Signature of Authorized Person Date of Offer

adam@allaccessk12tutoring.com
E-Mail Address

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s): <i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated)</i>	Amendment No.	Date	Amendment No.	Date
	N/A			

ACCEPTANCE OF OFFER AND CONTRACT AWARD
(For State of Arizona Use Only)

Your Offer, dated 4/25/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023-010. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

[Signature]
Douglas C. Peeples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

RFP ED10-0023	ATTACHMENT 6.1 FEE SCHEDULE	RFP ED10-0023
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Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

All Access Tutoring Group
 Name of Provider

All Access Tutoring Group
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Adam Luwaga	Office Phone	1-800-341-2656
Title	President / Director	Alternate Phone	1-818-621-0210
Address	17120 N. Oliveto Avenue	Fax	1-866-514-8309
City, State, Zip	Maricopa, AZ 85138	Email	adam@allaccessk12tutoring.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Adam Luwaga	Office Phone	1-800-341-2656
Title	President / Director	Alternate Phone	1-818-621-0210
Address	17120 N. Oliveto Avenue	Fax	1-866-514-8309
City, State, Zip	Maricopa, AZ 85138	Email	adam@allaccessk12tutoring.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Nicki Green	Office Phone	1-800-341-2656
Title	Director of Operations	Alternate Phone	602-384-7561
Address	4810 N. Black Canyon Hwy # 200	Fax	1-866-514-8309
City, State, Zip	Phoenix, AZ 85017	Email	admin@allaccessk12tutoring.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Adam Luwaga	Office Phone	1-800-341-2656
Title	President / Director	Alternate Phone	1-818-621-0210
Address	17120 N. Oliveto Avenue	Fax	1-866-514-8309
City, State, Zip	Maricopa, AZ 85138	Email	adam@allaccessk12tutoring.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Altar Valley School District
Company Name/dba
10105 S. Sasabe Hwy.
Street Address
Tucson AZ 85736
City State Zip
520-822-0002 520-822-0003
Telephone Number Facsimile Number
86-0717667
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Mary C. Miller
Name of Person Authorized to Sign Offer
NCLB Program/Staff Development Specialist
Title of Authorized Person
Mary C. Miller 3/7/10
Signature of Authorized Person Date of Offer
mmiller@avsd.org
E-Mail Address

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
<u>01</u>	<u>5/4/10</u>		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/4/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023-011. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16th day of JUNE, 2010.

Clay Dorn
Douglas C. Peoples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 30.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Altar Valley School District
 Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Mary C. Miller	Office Phone	520-822-0002
Title	NCLB/Staff Dev. Specialist	Alternate Phone	520-822-9343
Address	Mary C. Miller; 10105 S. Sasabe. Hwy.	Fax	520-822-0003
City, State, Zip	Tucson, AZ 85736	Email	mmiller@avsd.org

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Russ Federico & Judi King	Office Phone	520-822-9343
Title	Building Administrators	Alternate Phone	520-822-9418
Address	10105 S. Sasabe Hwy.	Fax	520-822-0003
City, State, Zip	Tucson, AZ 85736	Email	rfederico @ avsd.org or jking@avsd.org

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Dawn Swanson & Roxanne Espinoza	Office Phone	520-822-9343
Title	After School Tutoring Coordinators	Alternate Phone	520-822-9418
Address	10105 S. Sasabe Hwy.	Fax	520-822-0003
City, State, Zip	Tucson, AZ 85736	Email	dswanson@avsd.org or respinoza@avsd.org

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Mary C. Miller	Office Phone	520-822-0002
Title	NCLB/Staff Dev. Specialist	Alternate Phone	520-822-9343
Address	10105 S. Sasabe. Hwy.	Fax	520-822-0003
City, State, Zip	Tucson, AZ 85736	Email	mmiller@avsd.org

OFFER AND AWARD		
	ARIZONA DEPARTMENT OF EDUCATION Contract Management Unit – Bin # 37 1535 West Jefferson Street Phoenix, Arizona 85007-3209 SOLICITATION NO. ED10-0023	
OFFER		

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

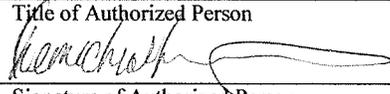
Back 2 Basics Tutorial - AZ, LLC
 Company Name/dba
3941 E. Chandler Boulevard, Ste 106-150
 Street Address

Phoenix	AZ	85048
City	State	Zip

602 318-7331	480 759-0889
Telephone Number	Facsimile Number

27-2487568

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Demechiona "Nikki" Martin
 Name of Person Authorized to Sign Offer
CEO
 Title of Authorized Person

 Signature of Authorized Person 5/5/10
 Date of Offer
back2basicstutorial@gmail.com
 E-Mail Address

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated)

Amendment No.	Date	Amendment No.	Date

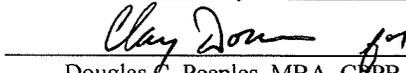
ACCEPTANCE OF OFFER AND CONTRACT AWARD
<i>(For State of Arizona Use Only)</i>

Your Offer, dated 5/5/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 012. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.



 Douglas C. Peeples, MBA, CPPB, CPCM
 Chief Procurement Officer
 Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Back 2 Basics Tutorial - AZ, LLC
 Name of Provider

Back 2 Basics Tutorial - AZ
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Demechiona "Nikki" Martin	Office Phone	602 318-7331
Title	President - CEO	Alternate Phone	
Address	3941 E. Chandler Blvd., Ste.106-150	Fax	480 759-0889
City, State, Zip	Phoenix, Arizona 85048	Email	back2basicstutorial@gmail.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Huanrel T. Martin	Office Phone	602 793-4902
Title	Regional Program Coordinator	Alternate Phone	
Address	3941 E. Chandler Blvd., Ste 106-150	Fax	480 759-0889
City, State, Zip	Phoenix, Arizona 85048	Email	back2basicstutorial@gmail.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Huanrel T. Martin	Office Phone	602 793-4902
Title	Regional Program Coordinator	Alternate Phone	
Address	3941 E. Chandler Blvd, Ste 106-150	Fax	480 759-0889
City, State, Zip	Phoenix, Arizona 85048	Email	back2basicstutorial@gmail.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Demechiona "Nikki" Martin	Office Phone	602 793-4902
Title	President-CEO	Alternate Phone	
Address	3941 E. Chandler Blvd., Ste 106-150	Fax	480 759-0889
City, State, Zip	Phoenix, Arizona 85048	Email	back2basicstutorial@gmail.com

OFFER AND AWARD		
	ARIZONA DEPARTMENT OF EDUCATION Contract Management Unit – Bin # 37 1535 West Jefferson Street Phoenix, Arizona 85007-3209 SOLICITATION NO. ED10-0023	
OFFER		

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Bright Sky Learning, L.L.C.

Company Name/dba

415 McFarlan Road, Suite 106

Street Address

Kennett Square	PA	19348
City	State	Zip

610-444-8893	610-444-8889
Telephone Number	Facsimile Number

R-1199730-0

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Scott D Welch

Name of Person Authorized to Sign Offer

President

Title of Authorized Person



5/3/10

Signature of Authorized Person
Date of Offer

scott@brightskylearning.com

E-Mail Address

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
 to the Solicitation for Offers and related
 documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
01	4/22/10		

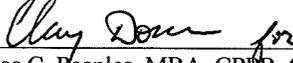
ACCEPTANCE OF OFFER AND CONTRACT AWARD
(For State of Arizona Use Only)

Your Offer, dated 5/3/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 013
 You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.



 Douglas C. Peebles, MBA, CFPB, CPCM
 Chief Procurement Officer
 Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 45.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.

e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Bright Sky Learning, L.L.C.

Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Scott D. Welch	Office Phone	610-444-8893
Title	President	Alternate Phone	610-444-8895
Address	415 McFarlan Road, Suite 106	Fax	610-444-8889
City, State, Zip	Kennett Square, PA 19348	Email	scott@brightskylearning.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Phillip Nowlin	Office Phone	480-229-7277
Title	Arizona Director	Alternate Phone	
Address	1902 So. 172nd Ave.	Fax	
City, State, Zip	Goodyear, AZ 85338	Email	panowlin@yahoo.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Phillip Nowlin	Office Phone	480-229-7277
Title	Arizona Director	Alternate Phone	
Address	1902 So. 172nd Ave.	Fax	
City, State, Zip	Goodyear, AZ 85338	Email	panowlin@yahoo.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Scott D. Welch	Office Phone	610-444-8893
Title	President	Alternate Phone	610-444-8895
Address	415 McFarlan Road, Suite 106	Fax	610-444-8889
City, State, Zip	Kennett Square, PA 19348	Email	scott@brightskylearning.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
 Contract Management Unit – Bin # 37
 1535 West Jefferson Street
 Phoenix, Arizona 85007-3209

SOLICITATION NO. ED10-0023



OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Camp Fire Council of Greater Arizona
 Company Name/dba

2345 E. Thomas Road #400
 Street Address

Phoenix AZ 85016
 City State Zip

602-954-7544 602-954-7352
 Telephone Number Facsimile Number

n/a
 Offeror's Arizona Transaction (Sales)
 Privilege Tax License Number:

2345 E. Thomas Road #400
 Name of Person Authorized to Sign Offer

President & CEO
 Title of Authorized Person

Carolyn Novicoff 5/13/10
 Signature of Authorized Person Date of Offer

cnovicoff@campfireaz.org
 E-Mail Address

Acknowledgement of Amendment(s): <i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated)</i>	Amendment No. Date	Amendment No. Date
	<u>1</u> <u>4-22-2010</u>	_____
	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD
(For State of Arizona Use Only)

Your Offer, dated 5/3/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- **014**. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Clay Down
 Douglas C. Peeples, MBA, CPPB, CPCM
 Chief Procurement Officer
 Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 50.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Camp Fire Council of Greater Arizona
 Name of Provider

DBA

Part I: Contact Information

A. **Provider Contact for State SES Coordinator Use** (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Carolyn Novicoff	Office Phone	602-954-7544
Title	President & CEO	Alternate Phone	
Address	2345 E. Thomas Road #400	Fax	602-954-7352
City, State, Zip	Phoenix, AZ 85016	Email	cnovicoff@campfireaz.org

B. **Provider Contact for District Use** (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Carolyn Novicoff	Office Phone	602-954-7544
Title	President & CEO	Alternate Phone	
Address	2345 E. Thomas Road #400	Fax	602-954-7352
City, State, Zip	Phoenix, AZ 85016	Email	cnovicoff@campfireaz.org

C. **Provider Contact for Parent Use** (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Carolyn Novicoff	Office Phone	602-954-7544
Title	President & CEO	Alternate Phone	
Address	2345 E. Thomas Road #400	Fax	602-954-7352
City, State, Zip	Phoenix, AZ 85016	Email	cnovicoff@campfireaz.org

D. **Contract Administration Contact for State Use** (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Carolyn Novicoff	Office Phone	602-954-7544
Title	President & CEO	Alternate Phone	
Address	2345 E. Thomas Road #400	Fax	602-954-7352
City, State, Zip	Phoenix, AZ 85016	Email	

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit - Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Catapult Learning West, LLC
Company Name/dba

StephenK Freeman
Name of Person Authorized to Sign Offer

470 N 2nd St 2nd Flr
Street Address

President & CEO
Title of Authorized Person

Philadelphia, PA 19123
City State Zip

[Signature] 5/4/2010
Signature of Authorized Person Date of Offer

215-592-700 215-592-1167
Telephone Number Facsimile Number

info@catapultlearning.com
E-Mail Address

20498396*
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

*The tax privilege # given is for our parent company Catapult Learning, LLC. We are currently obtaining a # for Catapult Learning West, and will supply it once obtained.
Amendment No. Date supply Amendment No. Date

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated)

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/4/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 015. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

[Signature]
Douglas C. Peoples, MBA/CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Catapult Learning West, LLC
 Name of Provider

Catapult Learning, LLC
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Joan Aschmann	Office Phone	401-330-7303
Title	Inside Sales Manager	Alternate Phone	
Address	470 N 2nd St., 2nd Flr	Fax	401-633-6267
City, State, Zip	Philadelphia, PA 19123	Email	joan.aschmann@catapultlearning.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Diane Bennett	Office Phone	949-421-7072
Title	Director of School Partnerships	Alternate Phone	
Address	22523 N Galicia Dr	Fax	215-592-1167
City, State, Zip	Sun City West, AZ 85375	Email	diane.bennett@catapultlearning.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Joan Aschmann	Office Phone	800-841-8730
Title	Inside Sales Manager	Alternate Phone	
Address	470 N 2nd St., 2nd Flr	Fax	401-633-6267
City, State, Zip	Philadelphia, PA 19123	Email	joan.aschmann@catapultlearning.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Claudia Carbajal	Office Phone	215-592-7000 ext 154
Title	Contracts Associate	Alternate Phone	
Address	470 N 2nd St., 2nd Flr	Fax	215-592-1167
City, State, Zip	Philadelphia, PA 19123	Email	claudia.carbajal@catapultlearning.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

National Farm Workers Service Center/CesarChavezFoundation

Company Name/dba

3602 W. Thomas Rd., Suite 6

Street Address

Phoenix AZ 85019
City State Zip

602-272-0080 602-272-0081

Telephone Number Facsimile Number

Sonia Rodriguez

Name of Person Authorized to Sign Offer

Executive Vice President

Title of Authorized Person

Sonia Rodriguez 5-3-10
Signature of Authorized Person Date of Offer

sonia@nfwsc.org

E-Mail Address

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/3/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 016
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Clay Dow for
Douglas C. Peebles, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 35.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

National Farm Workers Service Center
Name of Provider

Cesar Chavez Foundation
DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Matt Boyer	Office Phone	602-272-0080
Title	Arizona Director	Alternate Phone	623-313-6994
Address	3602 W. Thomas Rd., Suite 6	Fax	602-272-0081
City, State, Zip	Phoenix, AZ 85019	Email	mboyer@nfwsc.org

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Matt Boyer	Office Phone	602-272-0080
Title	Arizona Director	Alternate Phone	623-313-6994
Address	3602 W. Thomas Rd., Suite 6	Fax	602-272-0081
City, State, Zip	Phoenix, AZ 85019	Email	mboyer@nfwsc.org

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Matt Boyer	Office Phone	602-272-0080
Title	Arizona Director	Alternate Phone	623-313-6994
Address	3602 W. Thomas Rd., Suite 6	Fax	602-272-0081
City, State, Zip	Phoenix, AZ 85019	Email	mboyer@nfwsc.org

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Cristina Sandoval	Office Phone	213-362-0260
Title	Director of Administration	Alternate Phone	661-303-4108
Address	316 W. 2nd	Fax	213-362-0265
City, State, Zip	Los Angeles, CA 90731	Email	cristinas@nfwsc.org

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Club Z! In-Home Tutoring Services, Inc.
Company Name/dba
15310 Amberly Drive, Suite 110
Street Address
Tampa FL 33647
City State Zip
(888) 434 - 2582 (813) 549 - 0185
Telephone Number Facsimile Number
65-1262940
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Cari E. Diaz
Name of Person Authorized to Sign Offer
Manager, SES Division
Title of Authorized Person
Cari E. Diaz 5/5/10
Signature of Authorized Person Date of Offer
ses@clubztutoring.com
E-Mail Address

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)

Amendment No.	Date	Amendment No.	Date
<u>01</u>	<u>4/22/10</u>		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/5/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 017
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Clay Down
Douglas C. Peeples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

RFP ED10-0023	ATTACHMENT 6.1 FEE SCHEDULE	RFP ED10-0023
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Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

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Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Club Z! In-Home Tutoring Services, Inc.
 Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Cari E. Diaz	Office Phone	(888) 434 - 2582
Title	Manager, SES Division	Alternate Phone	
Address	15310 Amberly Drive, Suite # 110	Fax	(813) 549 - 0185
City, State, Zip	Tampa, Florida 33647	Email	ses@clubztutoring.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Sean Wright	Office Phone	(623) 533 - 6831
Title	Area Director	Alternate Phone	
Address	12012 W. Villa Hermosa Lane	Fax	
City, State, Zip	Sun City, AZ 85373	Email	ses@clubztutoring.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Sean Wright	Office Phone	(623) 533 - 6831
Title	Area Director	Alternate Phone	
Address	12012 W. Villa Hermosa Lane	Fax	
City, State, Zip	Sun City, AZ 85373	Email	ses@clubztutoring.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Cari E. Diaz	Office Phone	(888) 434 - 2582
Title	Manager, SES Division	Alternate Phone	
Address	15310 Amberly Drive, Suite # 110	Fax	(813) 549 - 0185
City, State, Zip	Tampa, Florida 33647	Email	ses@clubztutoring.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
 Contract Management Unit – Bin # 37
 1535 West Jefferson Street
 Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Daekyo America, Inc.
 Company Name/dba

3333 Wilshire Blvd Suite 520
 Street Address

Los Angeles CA 90010
 City State Zip

888-628-4776 213-487-7436
 Telephone Number Facsimile Number

Hak Hyung Kim
 Name of Person Authorized to Sign Offer

Managing Director
 Title of Authorized Person

[Signature] 4/30/10
 Signature of Authorized Person Date of Offer

enopi001@yahoo.com
 E-Mail Address

Offeror's Arizona Transaction (Sales)
 Privilege Tax License Number:

Acknowledgement of Amendment(s): <i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated)</i>	Amendment No.	Date	Amendment No.	Date
	_____	_____	_____	_____
	_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 4/30/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 018. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

[Signature]
 Douglas C. Peoples, MBA, CPPB, CPCM
 Chief Procurement Officer
 Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 50.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Daekyo America, Inc.
 Name of Provider

E.nopi / Academia E.nopi
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Kyung - min Lee	Office Phone	888.628.4776
Title	School Business Manager	Alternate Phone	213.487.0909
Address	3333 Wilshire Blvd. Suite 520	Fax	213.487.7436
City, State, Zip	Los Angeles, CA 90010	Email	enopi020@yahoo.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Ae - kyung Kim	Office Phone	480.298.8336
Title	Branch Office Manager	Alternate Phone	480.612.1800
Address	1323 E. Saragosa St.	Fax	
City, State, Zip	Chandler, AZ 85225	Email	mer7maid66@gmail.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Ae - kyung Kim	Office Phone	480.298.8336
Title	Branch Office Manager	Alternate Phone	480.612.1800
Address	1323 E. Saragosa St.	Fax	
City, State, Zip	Chandler, AZ 85225	Email	mer7maid66@gmail.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Kyung - min Lee	Office Phone	888.628.4776
Title	School Business Manager	Alternate Phone	213.487.0909
Address	3333 Wilshire Blvd. Suite 520	Fax	213.487.7436
City, State, Zip	Los Angeles, CA 90010	Email	enopi020@yahoo.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Dr. K's Tutoring, LLC

Company Name/dba

3010 E. Camellia Drive

Street Address

Gilbert

City

AZ

State

85296

Zip

(480) 268-9910

Telephone Number

Facsimile Number

none required

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Mrs. Liz Krish

Name of Person Authorized to Sign Offer

Area Director

Title of Authorized Person

Liz Krish

Signature of Authorized Person

4/26/10

Date of Offer

liz@drkstutoring.com

E-Mail Address

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 4/26/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 019

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Clay Down for

Douglas C. Peeples, MBA, CPPB, CPCPM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Dr. K's Tutoring, LLC
 Name of Provider

Dr. K's Tutoring, LLC
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Liz Krish	Office Phone	(480) 268-9910
Title	Area Director	Alternate Phone	
Address	3010 E. Camellia Drive	Fax	
City, State, Zip	Gilbert, Arizona 85296	Email	liz@drkstutoring.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Liz Krish	Office Phone	(480) 268-9910
Title	Area Director	Alternate Phone	
Address	3010 E. Camellia Drive	Fax	
City, State, Zip	Gilbert, Arizona 85296	Email	liz@drkstutoring.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Liz Krish	Office Phone	(480) 268-9910
Title	Area Director	Alternate Phone	
Address	3010 E. Camellia Drive	Fax	
City, State, Zip	Gilbert, Arizona 85296	Email	liz@drkstutoring.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Liz Krish	Office Phone	(480) 268-9910
Title	Area Director	Alternate Phone	
Address	3010 E. Camellia Drive	Fax	
City, State, Zip	Gilbert, Arizona 85296	Email	liz@drkstutoring.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit - Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Educational Enterprises

Company Name/dba

296 Sunset Ave NW

Street Address

Atlanta

GA

30314

City

State

Zip

404-577-8711

404-477-3354

Telephone Number

Facsimile Number

Fed. Tax I.D. 48-1300217

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Dr. Glenna Tyler

Name of Person Authorized to Sign Offer

CEO

Title of Authorized Person

Signature of Authorized Person

Date of Offer

eduent@mindspring.com

E-Mail-Address

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/3/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023-
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Clay Down
Douglas C. Peebles, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

**Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5**

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Educational Enterprises
 Name of Provider

DBA

Part I: Contact Information

A. **Provider Contact for State SES Coordinator Use** (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Dr. Glenna Tyler	Office Phone	404-577-8711
Title	CEO	Alternate Phone	
Address	Dr. Glenna Tyler	Fax	404-477-3354
City, State, Zip	Atlanta, GA 30314	Email	eduent@mindspring.com

B. **Provider Contact for District Use** (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Myron Baccus	Office Phone	404-577-8711
Title	Operations Manager	Alternate Phone	
Address	296 Sunset Ave NW	Fax	404-477-3354
City, State, Zip	Atlanta, GA 30314	Email	eduent@mindspring.com

C. **Provider Contact for Parent Use** (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Myron Baccus	Office Phone	1-877-416-0440
Title	Operations Manager	Alternate Phone	
Address	296 Sunset Ave NW	Fax	404-477-3354
City, State, Zip	Atlanta, GA 30314	Email	eduent@mindspring.com

D. **Contract Administration Contact for State Use** (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Dr. Glenna Tyler	Office Phone	404-577-8711
Title	CEO	Alternate Phone	
Address	296 Sunset Ave NW	Fax	404-477-3354
City, State, Zip	Atlanta, GA 30314	Email	eduent@mindspring.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Expect Success Tutoring LLC
Company Name/dba
12521 W. Colter Street
Street Address
Litchfield Park AZ 85340
City State Zip
602-515-1942 623-792-7648
Telephone Number Facsimile Number

12521 W. Colter Street
Name of Person Authorized to Sign Offer
Administrator / Director
Title of Authorized Person
DIANA OLIVAS 05-01-10
Signature of Authorized Person Date of Offer
diana1172001@yahoo.com
E-Mail Address

L14921510
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/1/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 021
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Clay Don for
Douglas C. Peeples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Expect Success Tutoring, LLC
 Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Diana Olivas	Office Phone	602-515-1942
Title	Administrator / Director	Alternate Phone	602-388-9404
Address	12521 W. Colter Street	Fax	623-792-7648
City, State, Zip	Litchfield Park , AZ 85340	Email	diana1172001@yahoo.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Diana Olivas	Office Phone	602-515-1942
Title	Administrator / Director	Alternate Phone	602-388-9404
Address	12521 W. Colter Street	Fax	623-792-7648
City, State, Zip	Litchfield Park , AZ 85340	Email	diana1172001@yahoo.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Diana Olivas	Office Phone	602-515-1942
Title	Administrator / Director	Alternate Phone	602-388-9404
Address	12521 W. Colter Street	Fax	623-792-7648
City, State, Zip	Litchfield Park , AZ 85340	Email	diana1172001@yahoo.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Diana Olivas	Office Phone	602-515-1942
Title	Administrator / Director	Alternate Phone	602-388-9404
Address	12521 W. Colter Street	Fax	623-792-7648
City, State, Zip	Litchfield Park , AZ 85340	Email	diana1172001@yahoo.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Global Partnership Schools
Company Name/dba

300 State Street, Suite 305
Street Address

Rochester NY 14614
City State Zip

585 355-4305 585 487-8925
Telephone Number Facsimile Number

09Z1175004029
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

300 State Street, Suite 305
Name of Person Authorized to Sign Offer

Senior Vice President, SES
Title of Authorized Person

[Signature] 5/3/10
Signature of Authorized Person Date of Offer

thofer@gps.us.com
E-Mail Address

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
ED10-0023 01	4-22-10		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/3/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- **023**
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

[Signature]
Douglas C. Peeples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Global Partnership Schools
 Name of Provider

Global Partnership Schools, Inc.
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Terrence J. Hofer	Office Phone	585 355-4305
Title	Senior Vice President, SES	Alternate Phone	877 588-5539
Address	300 State Street, Suite 305	Fax	585 487-8925
City, State, Zip	Rochester, NY 14614	Email	thofer@gps.us.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Johnny Rico	Office Phone	928 221-9155
Title	Program Director	Alternate Phone	928 343-9557
Address	1388 West 32nd Place	Fax	585 487-8925
City, State, Zip	Rochester, NY 14614	Email	jrico@gps.us.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Tabatha Santiago	Office Phone	877 588-5539
Title	Administration	Alternate Phone	585 355-4305
Address	300 State Street, Suite 305	Fax	585 487-8925
City, State, Zip	Yuma, AZ 85365	Email	tsantiago@gps.us.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Terrence J. Hofer	Office Phone	585 355-4305
Title	Senior Vice President, SES	Alternate Phone	877 588-5539
Address	300 State Street, Suite 305	Fax	585 487-8925
City, State, Zip	Rochester, NY 14614	Email	thofer@gps.us.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Globutronic Educational Group, LLC

Company Name/dba

29556 Southfield Rd., Ste. 210

Name of Person Authorized to Sign Offer

29556 Southfield Rd., Ste. 210

Street Address

Founder/CEO

Title of Authorized Person

Southfield MI 48076

City State Zip

Mel Hohler 5/4/10

Signature of Authorized Person Date of Offer

248-424-9540

Telephone Number

248-424-9542

Facsimile Number

globutronic@sbcglobal.net

E-Mail Address

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No. Date
01 4/22/10

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/4/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023-024
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16th day of JUNE, 2010.

Clay Down
Douglas C. Peoples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Globutronic Educational Group, LLC.
 Name of Provider

Globutronic Educational Group, LLC.
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Mel Hatcher or Emily Roman	Office Phone	248-424-9540
Title	Founder/CEO or Office Admin	Alternate Phone	
Address	29556 Southfield Rd., Ste. 210	Fax	248-424-9542
City, State, Zip	Southfield, MI 48076	Email	globutronic@sbcglobal.net

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Mel Hatcher or Emily Roman	Office Phone	248-424-9540
Title	Founder/CEO or Office Admin	Alternate Phone	
Address	29556 Southfield Rd., Ste. 210	Fax	248-424-9542
City, State, Zip	Southfield, MI 48076	Email	globutronic@sbcglobal.net

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Mel Hatcher or Emily Roman	Office Phone	248-424-9540
Title	Founder/CEO or Office Admin	Alternate Phone	
Address	29556 Southfield Rd., Ste. 210	Fax	248-424-9542
City, State, Zip	Southfield, MI 48076	Email	globutronic@sbcglobal.net

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Mel Hatcher or Emily Roman	Office Phone	248-424-9540
Title	Founder/CEO or Office Admin	Alternate Phone	
Address	29556 Southfield Rd., Ste. 210	Fax	248-424-9542
City, State, Zip	Southfield, MI 48076	Email	globutronic@sbcglobal.net

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Innovative Educational Programs, LLC

Company Name/dba

287 Childs Road

Street Address

Basking Ridge NJ 07920

City State Zip

(908) 630-9600 (908) 630-9348

Telephone Number Facsimile Number

287 Childs Road

Name of Person Authorized to Sign Offer

Director - NCLB Programs

Title of Authorized Person

Gerry Galderisi 5/5/2010

Signature of Authorized Person Date of Offer

Ggalderisi@ieponline.com

E-Mail Address

Application in process

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
<u>1</u>	<u>05/04/10</u>		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/5/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 026
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16th day of JUNE, 2010.

Douglas C. Peeples
Douglas C. Peeples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 40.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Innovative Educational Programs, LLC
 Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Gerry Galderisi	Office Phone	(908) 630-9600
Title	Director - NCLB Programs	Alternate Phone	(914) 217-9390
Address	287 Childs Road	Fax	(908) 630-9348
City, State, Zip	Basking Ridge, New Jersey 07920	Email	Ggalderisi@ieponline.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Frank Simonic	Office Phone	(520) 546-9231
Title	Accounts Executive	Alternate Phone	(520) 955-1394
Address	1733 North Fountain Park Drive	Fax	
City, State, Zip	Tucson, Arizona 85715	Email	JCSimonic@ieponline.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Frank Simonic	Office Phone	(520) 546-9231
Title	Accounts Executive	Alternate Phone	(520) 955-1394
Address	1733 North Fountain Park Drive	Fax	
City, State, Zip	Tucson, Arizona 85715	Email	JCSimonic@ieponline.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Gerry Galderisi	Office Phone	(908) 630-9600
Title	Director - NCLB Programs	Alternate Phone	(914) 217-9390
Address	287 Childs Road	Fax	(908) 630-9348
City, State, Zip	Basking Ridge, New Jersey 07920	Email	Ggalderisi@ieponline.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
 Contract Management Unit – Bin # 37
 1535 West Jefferson Street
 Phoenix, Arizona 85007-3209

SOLICITATION NO. ED10-0023

OFFER



The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Keep Hope Alive Projects
 Company Name/dba

18808 Stefani Ave
 Street Address

Cerritos CA 90703
 City State Zip

(562) 326-4411
 Telephone Number Facsimile Number

18808 Stefani Ave.
 Name of Person Authorized to Sign Offer

CEO
 Title of Authorized Person

[Signature] 5/3/10
 Signature of Authorized Person Date of Offer

keephopealiveinc@aol.com
 E-Mail Address

Offeror's Arizona Transaction (Sales)
 Privilege Tax License Number:

Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated)	Amendment No.	Date	Amendment No.	Date
	_____	_____	_____	_____
	_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD
(For State of Arizona Use Only)

Your Offer, dated 5/3/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- **027**
 You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Clay Don for
 Douglas C. Peoples, MBA/CPPB, CPCM
 Chief Procurement Officer
 Department of Education

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Keep Hope Alive Projects
 Name of Provider

Keep Hope Alive Projects
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Roseline Amuchie	Office Phone	(562)326-4411
Title	CEO	Alternate Phone	
Address	18808 Stefani Ave.	Fax	(562)391-0459
City, State, Zip	Cerritos, CA 90703	Email	keephopealiveinc@aol.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Roseline Amuchie	Office Phone	(562)326-4411
Title	CEO	Alternate Phone	
Address	18808 Stefani Ave.	Fax	(562)391-0459
City, State, Zip	Cerritos, CA 90703	Email	keephopealiveinc@aol.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Roseline Amuchie	Office Phone	(562)326-4411
Title	CEO	Alternate Phone	
Address	18808 Stefani Ave.	Fax	(562)391-0459
City, State, Zip	Cerritos, CA 90703	Email	keephopealiveinc@aol.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Roseline Amuchie	Office Phone	(562)326-4411
Title	CEO	Alternate Phone	
Address	18808 Stefani Ave.	Fax	(562)391-0459
City, State, Zip	Cerritos, CA 90703	Email	keephopealiveinc@aol.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Learn It Systems, LLC
Company Name/dba
2201 Old Court Road
Street Address
Baltimore MD 21208
City State Zip
410-369-0000 410-369-0137
Telephone Number Facsimile Number

Michael Maloney
Name of Person Authorized to Sign Offer
President and CEO
Title of Authorized Person
[Signature] 5/5/10
Signature of Authorized Person Date of Offer
michael.maloney@learnitystems.com
E-Mail Address

N/A
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
<u>01</u>	<u>4/30/2010</u>		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/5/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023-028. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

[Signature]
Douglas C. Peebles, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Learn-It Systems, LLC
 Name of Provider

Learn It Systems
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Raquel Whiting	Office Phone	410-369-0000 x. 107
Title	VP, Legal & Government Affairs	Alternate Phone	
Address	2201 Old Court Road	Fax	410-369-0137
City, State, Zip	Baltimore, Maryland 21208	Email	Raquel.Whiting@learnitsystems.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	TBD- Learn It will provide a local	Office Phone	
Title	Provider Contact for District Use	Alternate Phone	
Address	Upon Approval	Fax	
City, State, Zip		Email	

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	TBD - Learn It will provide a local	Office Phone	
Title	Provider Contact for Parent Use	Alternate Phone	
Address	Upon Approval	Fax	
City, State, Zip		Email	

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Raquel Whiting	Office Phone	(410)369-0000 x 107
Title	VP, Legal & Government Affairs	Alternate Phone	
Address	2201 Old Court Road	Fax	(410)369-0137
City, State, Zip	Baltimore, Maryland 21208	Email	Raquel.Whiting@learnitsystems.com

OFFER AND AWARD		
	<p>ARIZONA DEPARTMENT OF EDUCATION Contract Management Unit – Bin # 37 1535 West Jefferson Street Phoenix, Arizona 85007-3209</p> <p>SOLICITATION NO. ED10-0023</p>	
OFFER		

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

The Learning Ladder, Inc.
Company Name/dba

2450 S. 4th Avenue, Suite 103
Street Address

Yuma AZ 85364
City State Zip

928-726-0518 928-726-3652
Telephone Number Facsimile Number

Bonnie K. Clayton
Name of Person Authorized to Sign Offer

Owner
Title of Authorized Person

Bonnie K. Clayton 5/6/2010
Signature of Authorized Person Date of Offer

learningladder1@aol.com
E-Mail Address

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

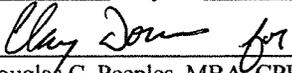
ACCEPTANCE OF OFFER AND CONTRACT AWARD <small>(For State of Arizona Use Only)</small>

Your Offer, dated 5/6/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 029
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.



Douglas C. Peeples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

The Learning Ladder
Name of Provider

The Learning Ladder
DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Sondra Speakes	Office Phone	928-726-0518
Title	Manager	Alternate Phone	
Address	2450 S. 4th Avenue, Suite 103	Fax	928-726-3652
City, State, Zip	Yuma, AZ 85364	Email	learningladder1@aol.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Sondra Speakes	Office Phone	928-726-0518
Title	Manager	Alternate Phone	
Address	2450 S. 4th Avenue, Suite 103	Fax	928-726-3652
City, State, Zip	Yuma, AZ 85364	Email	learningladder1@aol.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Sondra Speakes	Office Phone	928-726-0518
Title	Manager	Alternate Phone	
Address	2450 S. 4th Avenue, Suite 103	Fax	928-726-3652
City, State, Zip	Yuma, AZ 85364	Email	learningladder1@aol.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Sondra Speakes	Office Phone	928-726-0518
Title	Manager	Alternate Phone	
Address	2450 S. 4th Avenue, Suite 103	Fax	928-726-0518
City, State, Zip	Yuma, AZ 85364	Email	learningladder1@aol.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Martin Porres Educational Services, L.L.C

Company Name/dba

635 S. Ellis Street, #2107

Street Address

Chandler

AZ

85224

City

State

Zip

602-810-0783

602-391-2790

Telephone Number

Facsimile Number

65-1285248

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Lillian M. Kin

Name of Person Authorized to Sign Offer

Owner/Partner

Title of Authorized Person

[Signature]

Signature of Authorized Person

4/27/10

Date of Offer

Lkin@martinporres.com

E-Mail Address

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)

Amendment No. Date
1 4/22/10

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 4/27/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State

This Contract shall henceforth be referred to as Contract Number ED10-0023- 030
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

[Signature]

Douglas C. Peeples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

RFP ED10-0023	ATTACHMENT 6.1 FEE SCHEDULE	RFP ED10-0023
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Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1 \$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

**Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5**

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

RFP ED10-0023	ATTACHMENT 6.1 FEE SCHEDULE	RFP ED10-0023
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Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 52.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

On-Track Tutoring & FSS, Inc.
 Name of Provider

On-Track Tutoring, Inc.
 DBA

Part I: Contact Information

A. **Provider Contact for State SES Coordinator Use** (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Jill K. Drowne	Office Phone	480-563-5588
Title	Director, SES Programs	Alternate Phone	480-621-6945
Address	8020 E. Gelding, Suite 106	Fax	480-563-4112
City, State, Zip	Scottsdale, AZ 85260	Email	jill@ontracktutoring.com

B. **Provider Contact for District Use** (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Jill K. Drowne	Office Phone	480-563-5588
Title	Director, SES Programs	Alternate Phone	480-621-6945
Address	8020 E. Gelding, Suite 106	Fax	480-563-4112
City, State, Zip	Scottsdale, AZ 85260	Email	jill@ontracktutoring.com

C. **Provider Contact for Parent Use** (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Jill K. Drowne	Office Phone	480-621-6945
Title	Director, SES Programs	Alternate Phone	480-621-6945
Address	8020 E. Gelding, Suite 106	Fax	480-563-4112
City, State, Zip	Scottsdale, AZ 85260	Email	jill@ontracktutoring.com

D. **Contract Administration Contact for State Use** (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Jill K. Drowne	Office Phone	480-563-5588
Title	Director, SES Programs	Alternate Phone	480-621-6945
Address	8020 E. Gelding, Suite 106	Fax	480-563-4112
City, State, Zip	Scottsdale, AZ 85260	Email	jill@ontracktutoring.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
 Contract Management Unit – Bin # 37
 1535 West Jefferson Street
 Phoenix, Arizona 85007-3209

SOLICITATION NO. ED10-0023



OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

PROGRESSIVE LEARNING

Company Name/dba

2525 MICHIGAN AVE

Street Address

SANTA MONICA CA 90404

City State Zip

310-315-1444 310-315-1441

Telephone Number Facsimile Number

N/A

Offeror's Arizona Transaction (Sales)
 Privilege Tax License Number:

Ralph Fagen

Name of Person Authorized to Sign Offer

EXECUTIVE DIRECTOR

Title of Authorized Person

[Signature] 4-30-10

Signature of Authorized Person Date of Offer

AZINFO@PROGRESSIVELEARNING.COM

E-Mail Address

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
 to the Solicitation for Offers and related
 documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
<u>01</u>	<u>April 22, 2010</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD
(For State of Arizona Use Only)

Your Offer, dated 4/30/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 032. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

[Signature] for
 Douglas C. Peebles, MBA, CPPB, CPCM
 Chief Procurement Officer
 Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

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The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

PROGRESSIVE LEARNING
 Name of Provider

PROGRESSIVE LEARNING
 DBA

Part I: Contact Information

A. **Provider Contact for State SES Coordinator Use** (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	DANIELLE DOYEN	Office Phone	310-315-1444
Title	PROGRAM MANAGER	Alternate Phone	800-315-4330
Address	2525 MICHIGAN AVE G8	Fax	310-315-1441
City, State, Zip	SANTA MONICA, CA 90404	Email	AZINFO@PROGRESSIVELEARNING.COM

B. **Provider Contact for District Use** (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	MARY KIMBALL	Office Phone	602-538-0924
Title	PROGRAM DIRECTOR	Alternate Phone	888-953-2767
Address	4530 East Karen Drive	Fax	310-315-1441
City, State, Zip	Phoenix, AZ 85032	Email	AZINFO@PROGRESSIVELEARNING.COM

C. **Provider Contact for Parent Use** (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	MARY KIMBALL	Office Phone	602-538-0924
Title	PROGRAM DIRECTOR	Alternate Phone	888-953-2767
Address	4530 East Karen Drive	Fax	310-315-1441
City, State, Zip	Phoenix, AZ 85032	Email	AZINFO@PROGRESSIVELEARNING.COM

D. **Contract Administration Contact for State Use** (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	RALPH FAGEN	Office Phone	310-315-1444
Title	EXECUTIVE DIRECTOR	Alternate Phone	800-315-4330
Address	2525 MICHIGAN AVE G8	Fax	310-315-1441
City, State, Zip	SANTA MONICA, CA 90404	Email	AZINFO@PROGRESSIVELEARNING.COM

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

RESULTS Mentoring

Company Name/dba

34565 Heartsworth Lane

Street Address

Sterling Heights MI 48312
City State Zip

313-215-0968 877-378-5873
Telephone Number Facsimile Number

1599483-6 (file number for Arizona)

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

E'Lois Thomas

Name of Person Authorized to Sign Offer

Chief Financial Officer

Title of Authorized Person

E'Lois Thomas 5/4/10
Signature of Authorized Person Date of Offer

elois@resultsmentoring.org
E-Mail Address

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
01	04/22/10		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/4/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- **033**
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Douglas C. Peoples
Douglas C. Peoples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 50.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

RESULTS Mentoring
 Name of Provider

RESULTS Mentoring
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	E'Lois Thomas	Office Phone	313-215-0968
Title	Chief Financial Officer	Alternate Phone	877-378-5873
Address	E'Lois Thomas	Fax	877-378-5873
City, State, Zip	Sterling Heights, MI 48312	Email	elois@resultsmentoring.org

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Patricia Mason	Office Phone	480-235-8616
Title	Program Director	Alternate Phone	877-378-5873
Address	988 West Kingbird Street	Fax	877-378-5873
City, State, Zip	Chandler, AZ 85286	Email	pat@resultsmentoring.org

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Patricia Mason	Office Phone	480-235-8616
Title	Program Director	Alternate Phone	877-378-5873
Address	988 West Kingbird Street	Fax	877-378-5873
City, State, Zip	Chandler, AZ 85286	Email	pat@resultsmentoring.org

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	E'Lois Thomas	Office Phone	313-215-0968
Title	Chief Financial Officer	Alternate Phone	877-378-5873
Address	34565 Heartsworth Lane	Fax	877-378-5873
City, State, Zip	Sterling Heights, MI 48312	Email	elois@resultsmentoring.org

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Rising Star Educational Services
 Company Name/dba

15435 N. 86th Lane
 Street Address

Peoria AZ 85382
 City State Zip

480-231-3618 480-248-2497
 Telephone Number Facsimile Number

20169519
 Offeror's Arizona Transaction (Sales)
 Privilege Tax License Number:

Melody Johnson
 Name of Person Authorized to Sign Offer

Owner/Partner
 Title of Authorized Person

Melody Johnson 5-5-10
 Signature of Authorized Person Date of Offer

mjohnson@risingstaredu.com
 E-Mail Address

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated)

Amendment No.	Date	Amendment No.	Date
<u>01</u>	<u>4/22/10</u>		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/5/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023-034. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Clay Dorn
 Douglas C. Peebles, MBA CPPB, CPCM
 Chief Procurement Officer
 Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Rising Star Educational Services, PLLC
 Name of Provider

Rising Star Educational Services
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Melody Johnson	Office Phone	480-231-3618
Title	Owner/Partner	Alternate Phone	
Address	15435 N. 86th Lane	Fax	480-248-2497
City, State, Zip	Peoria, AZ 85382	Email	mjohnson@risingstaredu.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Melody Johnson	Office Phone	480-231-3618
Title	Owner/Partner	Alternate Phone	
Address	15435 N. 86th Lane	Fax	480-248-2497
City, State, Zip	Peoria, AZ 85382	Email	mjohnson@risingstaredu.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Melody Johnson	Office Phone	480-231-3618
Title	Owner/Partner	Alternate Phone	
Address	15435 N. 86th Lane	Fax	480-248-2497
City, State, Zip	Peoria, AZ 85382	Email	mjohnson@risingstaredu.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Melody Johnson	Office Phone	480-231-3618
Title	Owner/Partner	Alternate Phone	
Address	15435 N. 86th Lane	Fax	480-248-2497
City, State, Zip	Peoria, AZ 85382	Email	mjohnson@risingstaredu.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Rocket Learning
Company Name/dba
4295 E Jurupa St, Suite 108
Street Address
Ontario CA 91761
City State Zip
909.498.4560 888.651.1595
Telephone Number Facsimile Number

Matthew Mugo Fields
Name of Person Authorized to Sign Offer
Chief Executive Officer
Title of Authorized Person
[Signature] 5/5/10
Signature of Authorized Person Date of Offer
matthewfields@rocketlearning.net
E-Mail Address

N/A
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
01	5/05/10		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/5/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023-035
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

[Signature]
Douglas C. Peebles, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Rocket Learning
 Name of Provider

DBA

Part I: Contact Information

A. **Provider Contact for State SES Coordinator Use** (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Ricky Sarmiento	Office Phone	909.498.4560
Title	Executive Vice President	Alternate Phone	718.290.3084
Address	4295 E Jurupa St, Suite 108	Fax	888.651.1595
City, State, Zip	Ontario, CA 91761	Email	rsarmiento@rocketlearning.net

B. **Provider Contact for District Use** (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Ricky Sarmiento	Office Phone	909.498.4560
Title	Executive Vice President	Alternate Phone	718.290.3084
Address	4295 E Jurupa St, Suite 108	Fax	888.651.1595
City, State, Zip	Ontario, CA 91761	Email	rsarmiento@rocketlearning.net

C. **Provider Contact for Parent Use** (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Ricky Sarmiento	Office Phone	888.505.3276
Title	Executive Vice President	Alternate Phone	909.498.4560
Address	4295 E Jurupa St, Suite 108	Fax	888.651.1595
City, State, Zip	Ontario, CA 91761	Email	rsarmiento@rocketlearning.net

D. **Contract Administration Contact for State Use** (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Ricky Sarmiento	Office Phone	909.498.4560
Title	Executive Vice President	Alternate Phone	718.290.3084
Address	4295 E Jurupa St, Suite 108	Fax	888.651.1595
City, State, Zip	Ontario, CA 91761	Email	rsarmiento@rocketlearning.net

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

STARS Learning Center
Company Name/dba

2260 S. 4th Avenue
Street Address

Yuma AZ 85364
City State Zip

928-373-9797 n/a
Telephone Number Facsimile Number

n/a

Leslie Roberts
Name of Person Authorized to Sign Offer

Governing Board President
Title of Authorized Person

Leslie Roberts 4-23-10
Signature of Authorized Person Date of Offer

starsofyuma@aol.com
E-Mail Address

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 4/23/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 036
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Clay Dow
Douglas C. Peebles, MBA, OPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 35.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

STARS Learning Center
 Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Kay Kerwin	Office Phone	928-373-9797
Title	Site Director	Alternate Phone	928-210-4455
Address	P.O. Box 4522	Fax	n/a
City, State, Zip	Yuma, AZ 85366	Email	starsofyuma@aol.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Kay Kerwin	Office Phone	928-373-9797
Title	Site Director	Alternate Phone	928-210-4455
Address	P.O. Box 4522	Fax	n/a
City, State, Zip	Yuma, AZ 85366	Email	starsofyuma@aol.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Kay Kerwin	Office Phone	928-373-9797
Title	Site Director	Alternate Phone	928-210-4455
Address	P.O. Box 4522	Fax	n/a
City, State, Zip	Yuma, AZ 85366	Email	starsofyuma@aol.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

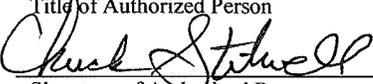
Name	Kay Kerwin	Office Phone	928-373-9797
Title	Site Director	Alternate Phone	928-210-4455
Address	P.O. Box 4522	Fax	n/a
City, State, Zip	Yuma, AZ 85366	Email	starsofyuma@aol.com

OFFER AND AWARD		
	ARIZONA DEPARTMENT OF EDUCATION Contract Management Unit – Bin # 37 1535 West Jefferson Street Phoenix, Arizona 85007-3209 SOLICITATION NO. ED10-0023	
OFFER		

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Stilwell's Learning Center, LLC
 Company Name/dba
500 E Fry Blvd Ste M-1
 Street Address
Sierra Vista AZ 85635
 City State Zip
520-803-1354 520-458-5310
 Telephone Number Facsimile Number
61388201
 Offeror's Arizona Transaction (Sales)
 Privilege Tax License Number:

Chuck Stilwell
 Name of Person Authorized to Sign Offer
Owner/Director
 Title of Authorized Person
 5-3-10
 Signature of Authorized Person Date of Offer
admin@stilwellslearningcenter.com
 E-Mail Address

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated)

Amendment No.	Date	Amendment No.	Date
01	4/22/2010		

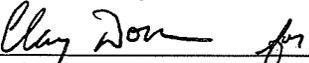
ACCEPTANCE OF OFFER AND CONTRACT AWARD
<i>(For State of Arizona Use Only)</i>

Your Offer, dated 5/3/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- **037**. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.



 Douglas C. Peeples, MBA, CPPB, CPCPM
 Chief Procurement Officer
 Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 50.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.

e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Stilwell's Learning Center, LLC
 Name of Provider

DBA

Part I: Contact Information

A. **Provider Contact for State SES Coordinator Use** (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Brenda Isaak	Office Phone	520-803-1354
Title	Office Manager	Alternate Phone	520-458-5310
Address	500 E Fry Blvd Ste M-1	Fax	520-458-5310
City, State, Zip	Sierra Vista, AZ 85635	Email	admin@stilwellslearningcenter.com

B. **Provider Contact for District Use** (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Chuck Stilwell	Office Phone	520-803-1354
Title	Owner/Director	Alternate Phone	520-378-9392
Address	500 E Fry Blvd Ste M-1	Fax	520-803-1354
City, State, Zip	Sierra Vista, AZ 85635	Email	admin@stilwellslearningcenter.com

C. **Provider Contact for Parent Use** (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Chuck Stilwell	Office Phone	520-803-1354
Title	Owner/Director	Alternate Phone	520-378-9392
Address	500 E Fry Blvd Ste M-1	Fax	520-8031355
City, State, Zip	Sierra Vista, AZ 85635	Email	admin@stilwellslearningcenter.com

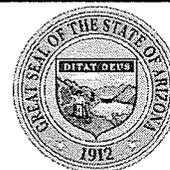
D. **Contract Administration Contact for State Use** (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Brenda Isaak	Office Phone	520-803-1354
Title	Office Manager	Alternate Phone	520-458-5310
Address	500 E Fry Blvd Ste M-1	Fax	520-458-5310
City, State, Zip	Sierra Vista, AZ 85635	Email	admin@stilwellslearningcenter.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Sure Prep Learning
Company Name/dba

6320 E. Thomas Rd. Suite 210
Street Address

Scottsdale AZ 85251
City State Zip

480-946-7737 480-970-7861
Telephone Number Facsimile Number

20-3846848
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

David D Dodge
Name of Person Authorized to Sign Offer

Director/CEO
Title of Authorized Person

[Signature] 4/27/10
Signature of Authorized Person Date of Offer

info@surepreplearning.com
E-Mail Address

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated)

Amendment No.	Date	Amendment No.	Date
Amendment 01	4/22/10		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 4/27/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- ~~038~~
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

[Signature]
Douglas C. Peeples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Sure Prep Learning
 Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	David Dodge	Office Phone	480-946-7737
Title	Director	Alternate Phone	877-931-9797
Address	6320 E. Thomas Rd Suite 210	Fax	480-970-7861
City, State, Zip	Scottsdale, AZ, 85251	Email	info@surepreplearning.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	David Dodge	Office Phone	480-946-7737
Title	Director	Alternate Phone	877-931-9797
Address	6320 E. Thomas Rd Suite 210	Fax	480-970-7861
City, State, Zip	Scottsdale, AZ, 85251	Email	info@surepreplearning.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	David Dodge	Office Phone	480-946-7737
Title	Director	Alternate Phone	877-931-9797
Address	6320 E. Thomas Rd Suite 210	Fax	480-970-7861
City, State, Zip	Scottsdale, AZ, 85251	Email	info@surepreplearning.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	David Dodge	Office Phone	480-946-7737
Title	Director	Alternate Phone	877-931-9797
Address	6320 E. Thomas Rd Suite 210	Fax	480-970-7861
City, State, Zip	Scottsdale, AZ, 85251	Email	info@surepreplearning.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Syndactics, Inc.
Company Name/dba
6739 North 16th Place
Street Address
Phoenix AZ 85016
City State Zip
602 277-7348 602 277-5018
Telephone Number Facsimile Number
072661380-B
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

6739 North 16th Place
Name of Person Authorized to Sign Offer
President
Title of Authorized Person
Gregg Wheeler 5/3/2010
Signature of Authorized Person Date of Offer
syndactics@aol.com
E-Mail Address

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
100023Amendment1	4/22/10		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/3/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 039
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.

Clay Down
Douglas C. Peeples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Syndactics, Inc.

Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Dr. Lyn Weiner	Office Phone	602 277-7348
Title	President	Alternate Phone	
Address	6739 North 16th Place	Fax	602 277-5018
City, State, Zip	Phoenix, AZ, 85016	Email	syndactics@aol.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Dr. Lyn Weiner	Office Phone	602 277-7348
Title	President	Alternate Phone	
Address	6739 North 16th Place	Fax	602 277-5018
City, State, Zip	Phoenix, AZ, 85016	Email	syndactics@aol.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Dr. Lyn Weiner	Office Phone	602 277-7348
Title	President	Alternate Phone	
Address	6739 North 16th Place	Fax	602 277-5018
City, State, Zip	Phoenix, AZ, 85016	Email	syndactics@aol.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Dr. Lyn Weiner	Office Phone	602 277-7348
Title	President	Alternate Phone	
Address	6739 North 16th Place	Fax	602 277-5018
City, State, Zip	Phoenix, AZ, 85016	Email	syndactics@aol.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



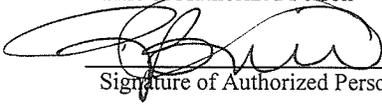
SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

The Principals Office, LLC
Company Name/dba
3707 E. Southern Ave
Street Address
Mesa AZ 85206
City State Zip
480.204.7489 480.807.4447
Telephone Number Facsimile Number
27-0393081
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Robert C. Winsor, II (Brian)
Name of Person Authorized to Sign Offer
Founding Partner
Title of Authorized Person

Signature of Authorized Person 5/3/2010
Date of Offer
drbrian@theprincipals-office.com
E-Mail Address

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

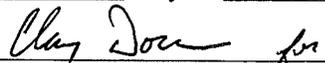
(For State of Arizona Use Only)

Your Offer, dated 5/3/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 040
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16TH day of JUNE, 2010.



Douglas C. Peeples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

The Principal's Office, LLC
 Name of Provider

The Principal's Office, LLC
 DBA

Part I: Contact Information

A. **Provider Contact for State SES Coordinator Use** (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Robert C. Winsor II	Office Phone	480-807-2227
Title	Founding Partner	Alternate Phone	480-204-7489
Address	Robert C. Winsor, II (Brian)	Fax	480-807-4447
City, State, Zip	Mesa, AZ 85206	Email	drbrian@theprincipals-office.com

B. **Provider Contact for District Use** (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Beth Mendonca	Office Phone	480-807-2227
Title	Academic Interventions Director	Alternate Phone	770-301-5368
Address	3707 E. Southern Ave Ste 1084	Fax	480-807-4447
City, State, Zip	Mesa, AZ 85206	Email	bmendonca@theprincipals-office.com

C. **Provider Contact for Parent Use** (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Beth Mendonca	Office Phone	480-807-2227
Title	Academic Interventions Director	Alternate Phone	770-301-5368
Address	3707 E. Southern Ave Ste 1084	Fax	480-807-4447
City, State, Zip	Mesa, AZ 85206	Email	bmendonca@theprincipals-office.com

D. **Contract Administration Contact for State Use** (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Robert C. Winsor II (Brian)	Office Phone	480-807-2227
Title	Founding Partner	Alternate Phone	480-204-7489
Address	3707 E. Southern Ave Ste 1084	Fax	480-807-4447
City, State, Zip	Mesa, AZ 85206	Email	drbrian@theprincipals-office.com

OFFER AND AWARD		
	ARIZONA DEPARTMENT OF EDUCATION Contract Management Unit – Bin # 37 1535 West Jefferson Street Phoenix, Arizona 85007-3209 SOLICITATION NO. ED10-0023	
OFFER		

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Tucson Unified School District
 Company Name/dba

1010 E. 10th
 Street Address

<u>Tucson</u> City	<u>AZ</u> State	<u>85719</u> Zip
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<u>520-225-6290</u> Telephone Number	<u>520-225-6191</u> Facsimile Number
---	---

10-10-3862-5
 Offeror's Arizona Transaction (Sales)
 Privilege Tax License Number:

Margaret Shafer
 Name of Person Authorized to Sign Offer

Acting Superintendent
 Title of Authorized Person

Maggie Shafer 5/4/10
 Signature of Authorized Person Date of Offer

maggie.shafer@tusd1.org
 E-Mail Address

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated)

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

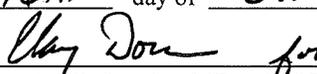
ACCEPTANCE OF OFFER AND CONTRACT AWARD <i>(For State of Arizona Use Only)</i>

Your Offer, dated 5/4/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 041
 You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 16th day of JUNE, 2010.



 Douglas C. Peoples, MBA, CPPB, CPCM
 Chief Procurement Officer
 Department of Education

RFP ED10-0023	ATTACHMENT 6.1 FEE SCHEDULE	RFP ED10-0023
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Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Tucson Unified School District
 Name of Provider

Tucson Unified School District
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Shelly Duran	Office Phone	520-225-6290
Title	Title I Coordinator	Alternate Phone	520-225-6200
Address	1010 E. 10th Street	Fax	520-225-6191
City, State, Zip	Tucson, AZ 85719	Email	shelly.duran@tusd1.org

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Denice Contreras	Office Phone	520-225-6460
Title	TUSD SES Services Coordinator	Alternate Phone	520-225-6290
Address	1010 E. 10th Street	Fax	520-225-6191
City, State, Zip	Tucson, AZ 85719	Email	denice.contreras@tusd1.org

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Denice Contreras	Office Phone	520-225-6460
Title	TUSD SES Services Coordinator	Alternate Phone	520-225-6290
Address	1010 E. 10th Street	Fax	520-225-6191
City, State, Zip	Tucson, AZ 85719	Email	denice.contreras@tusd1.org

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Leon George	Office Phone	520-225-6080
Title	Director-Purchasing	Alternate Phone	520-2256080
Address	1010 E. 10th Street	Fax	520-225-6082
City, State, Zip	Tucson, AZ	Email	leon.george@tusd1.org

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit - Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Ahead of the Class LLC
Company Name/dba

Dana Osborn
Name of Person Authorized to Sign Offer

5043 E Weldon Ave
Street Address

Program Director
Title of Authorized Person

Phoenix AZ 85018
City State Zip

Dana Osborn 5-6-10
Signature of Authorized Person Date of Offer

602 840-4665 n/a
Telephone Number Facsimile Number

d.osborn@cox.net
E-Mail Address

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-6-2010 *, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 042. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 2nd day of July, 2010.

Clay Down
Douglas C. Peebles, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

* WITH CLARIFICATIONS DATED 6/23/2010

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Ahead of the Class, LLC
 Name of Provider

Ahead of the Class, LLC
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Dana Osborn	Office Phone	602-840-4665
Title	Program Director	Alternate Phone	n/a
Address	5043 E. Weldon Ave.	Fax	n/a
City, State, Zip	Phx, AZ 85018	Email	d.osborn@cox.net

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Dana Osborn	Office Phone	602-840-4665
Title	Program Director	Alternate Phone	n/a
Address	5043 E. Weldon Ave.	Fax	n/a
City, State, Zip	Phx, AZ 85018	Email	d.osborn@cox.net

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Dana Osborn	Office Phone	602-840-4665
Title	Program Director	Alternate Phone	n/a
Address	5043 E. Weldon Ave.	Fax	n/a
City, State, Zip	Phx, AZ 85018	Email	d.osborn@cox.net

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Dana Osborn	Office Phone	602-840-4665
Title	Program Director	Alternate Phone	n/a
Address	5043 E. Weldon Ave.	Fax	n/a
City, State, Zip	Phx, AZ 85018	Email	d.osborn@cox.net

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Elite Community Services
Company Name/dba
3651 E. Baseline Road, Suite E222
Street Address
Gilbert AZ 85234
City State Zip
480-558-1275 480-558-1276
Telephone Number Facsimile Number
80-0191357
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Susan Appenzeller or Dee Dee Lepper
Name of Person Authorized to Sign Offer
Chief Operations Officer or Chief Executive Officer
Title of Authorized Person
[Signature] or Dee Dee Lepper ⁵⁻³⁻¹⁰
Signature of Authorized Person Date of Offer
susan@ecsaz.org or deede@ecsaz.org
E-Mail Address

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-3-2010 ^{*}, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 043
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 2nd day of July, 2010.

Clay Danner
Douglas C. Peebles, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

^{*} WITH CLARIFICATIONS DATED 7/1/2010

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Elite Community Services
Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Sonya Beck	Office Phone	480-558-1275
Title	SES Coordinator	Alternate Phone	888-558-1275
Address	3651 E. Baseline Road #E222	Fax	480-558-1276
City, State, Zip	Gilbert, AZ 85234	Email	sonya@ecsaaz.org

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Susan Appenzeller	Office Phone	480-558-1275
Title	C.O.O.	Alternate Phone	888-558-1275
Address	3651 E. Baseline Road, E222	Fax	480-558-1276
City, State, Zip	Gilbert, AZ 85234	Email	susan@ecsaaz.org

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Sonya Beck	Office Phone	480-558-1275
Title	SES Coordinator	Alternate Phone	888-558-1275
Address	3651 E. Baseline Road, E222	Fax	480-558-1276
City, State, Zip	Gilbert, AZ 85234	Email	sonya@ecsaaz.org

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Susan Appenzeller or Dee Dee Lepper	Office Phone	480-558-1275
Title	C.O.O. C.E.O.	Alternate Phone	888-558-1275
Address	3651 E. Baseline Road; E222	Fax	480-558-1276
City, State, Zip	Gilbert, AZ 85234	Email	susan@ecsaaz.org or deede@ecsaaz.org

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit - Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Tortuga Tutoring Company
Company Name/dba

Dr. Richard Klecan
Name of Person Authorized to Sign Offer

10357 E. Roywood Way
Street Address

Director
Title of Authorized Person

Tucson AZ 85747
City State Zip

Richard Klecan May 5, 2010
Signature of Authorized Person Date of Offer

520-784-0948
Telephone Number Facsimile Number

Dr.k1@cox.net
E-Mail Address

585-90-9554
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)

Amendment No.	Date	Amendment No.	Date
<u>01</u>	<u>May 3, 2010</u>		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/5/2010 *, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 044. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 2ND day of July, 2010.

Clay Downer
Douglas C. Peebles, MBA CPPB, CPCM
Chief Procurement Officer
Department of Education

* WITH CLARIFICATIONS DATED 6/29/2010.

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Tortuga Tutoring Company
 Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Dr. Richard Klecan	Office Phone	520-784-0948
Title	Director	Alternate Phone	520-404-0080
Address	Dr. Richard Klecan	Fax	
City, State, Zip	Tucson, Arizona 85747	Email	Dr.K1@cox.net

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Mark Wideman	Office Phone	602-309-1179
Title	Coordinator	Alternate Phone	520-784-0948
Address	10034 West Luxton Lane	Fax	
City, State, Zip	Tolleson, AZ 85353	Email	wideman_mark@yahoo.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Mark Wideman	Office Phone	602-309-1179
Title	Coordinator	Alternate Phone	520-784-0948
Address	10034 West Luxton Lane	Fax	
City, State, Zip	Tolleson, AZ 85353	Email	wideman_mark@yahoo.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Dr. Richard Klecan	Office Phone	520-784-0948
Title	Director	Alternate Phone	520-404-0080
Address	10357 East Roywood Way	Fax	
City, State, Zip	Tucson, Arizona 85747	Email	Dr.K1@cox.net



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

CONTRACT/AGREEMENT MODIFICATION

Page 01 of 01 Pages

1. AGREEMENT NO.: ED10-0023-045	2. MODIFICATION NO.: 01	3. EFFECTIVE DATE: Upon Signature	4. PROGRAM OFFICE: ACA
5. CONTRACTOR NAME AND ADDRESS: A World of Learning, LLC Leondina Garrett 15599 W. Maui Lane Surprise, AZ 85379			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, Page 9, para 2, Changes			
7. PURPOSE OF MODIFICATION: Name/Ownership Change of Service			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

A. In accordance with Special Terms and Conditions, Paragraph 2, Changes; Ownership, is hereby amended:

1. As Reads:

Craig M. Liddle and Associates, LLC "Angel Tutors"
3508 E. Fox Street
Mesa, AZ 85213
Phone: 602-809-2584
Fax: 623-544-0112

2. Is Amended to Read:

A World of Learning, LLC
Leondina Garrett
15599 W. Maui Lane
Surprise, AZ 85379
Phone: 623-256-8618
Email: Dgdg96@aol.com

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: <i>A World of Learning LLC</i>	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>Leondina C. Garrett</i>	SIGNATURE: <i>Clay Dones</i>
TYPED NAME: <i>Leondina C. Garrett</i>	TYPED NAME: Clay Dones, MBA
TITLE: <i>Managing Member / Operations Director</i>	TITLE: Procurement Officer
DATE: <i>9-13-10</i>	DATE: <i>9/14/2010</i>

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit - Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Craig M. Liddle and Associates, LLC "Angel Tutors"

Company Name/dba

3508 E. Fox Street

Street Address

Mesa

AZ

85213

City

State

Zip

602-809-2584

623-544-0112

Telephone Number

Facsimile Number

n/a

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

David L. Hendry

Name of Person Authorized to Sign Offer

Chief Financial Officer

Title of Authorized Person

Signature of Authorized Person

Date of Offer 4/30/10

davidhendry@hotmail.com

E-Mail Address

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)

Amendment No. Date
1 April 22, 2010

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 4/30/2010 *, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 045
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 12TH day of JULY, 2010.

Clay Dorman for
Douglas C. Peoples, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

* WITH CLARIFICATIONS DATED July, 6, 2010

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3

**ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION**

Craig M. Liddle and Associates, LLC
Name of Provider

Angel Tutors
DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Leondina "Dina" Garrett	Office Phone	623-544-0112
Title	Chief Operating Officer	Alternate Phone	623-256-8618
Address	15599 W. Maui Lane	Fax	623-544-0112
City, State, Zip	Surprise, AZ 85379	Email	angeltutors@hotmail.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Leondina "Dina" Garrett	Office Phone	623-544-0112
Title	Chief Operating Officer	Alternate Phone	623-256-8618
Address	15599 W. Maui Lane	Fax	623-544-0112
City, State, Zip	Surprise, AZ 85379	Email	angeltutors@hotmail.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Leondina "Dina" Garrett	Office Phone	623-544-0112
Title	Chief Operating Officer	Alternate Phone	623-256-8618
Address	15599 W. Maui Lane	Fax	623-544-0112
City, State, Zip	Surprise, AZ 85379	Email	angeltutors@hotmail.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	David L. Hendry	Office Phone	602-809-2584
Title	Chief Financial Officer	Alternate Phone	480-981-2793
Address	3508 E. Fox Street	Fax	
City, State, Zip	Mesa, AZ 85213	Email	davidhendry@hotmail.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit - Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Imagine Learning, Inc.
Company Name/dba
191 River Park Drive
Street Address
Provo UT 84604
City State Zip
801-377-5071 801-377-5072
Telephone Number Facsimile Number
01-0814204
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Susan W. Preator
Name of Person Authorized to Sign Offer
Chief Executive Officer
Title of Authorized Person
Susan W. Preator 5/4/10
Signature of Authorized Person Date of Offer
susan.preator@imaginelearning.com
E-Mail Address

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)*

Amendment No.	Date	Amendment No.	Date
01	4/22/10		

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/4/2010, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 046
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 12TH day of July, 2010.

Clay Dorn
Douglas C. Peebles, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

*** WITH CLARIFICATIONS DATED July 9, 2010**

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Imagine Learning, Inc.
 Name of Provider

DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Dave Larson	Office Phone	602-284-0229
Title	Area Sales Manager	Alternate Phone	801-377-5071
Address	2327 West Ponderosa Lane	Fax	801-377-5072
City, State, Zip	Phoenix, AZ 85023	Email	dave.larson@imaginelearning.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Dave Larson	Office Phone	602-284-0229
Title	Area Sales Manager	Alternate Phone	801-377-5071
Address	2327 West Ponderosa Lane	Fax	801-377-5072
City, State, Zip	Phoenix, AZ 85023	Email	dave.larson@imaginelearning.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Dave Larson	Office Phone	602-284-0229
Title	Area Sales Manager	Alternate Phone	801-377-5071
Address	2327 West Ponderosa Lane	Fax	801-377-5072
City, State, Zip	Phoenix, AZ 85023	Email	dave.larson@imaginelearning.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Jeremy Cowdrey	Office Phone	801-369-5867
Title	West Regional Manager	Alternate Phone	801-377-5071
Address	191 River Park Drive	Fax	801-377-5072
City, State, Zip	Provo, UT 84604	Email	jeremy.cowdrey@imaginelearning.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

Mathnasium of Chandler

Company Name/dba

3875 W. Ray Road, Suite 12

Street Address

Chandler
City

AZ
State

85226
Zip

480-782-1924

Telephone Number

Facsimile Number

Brian Burgmeier

Name of Person Authorized to Sign Offer

Owner

Title of Authorized Person

[Signature]

Signature of Authorized Person

05/11/10

Date of Offer

chandler@mathnasium.com

E-Mail Address

Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s)
to the Solicitation for Offers and related
documents numbered and dated)

Amendment No. Date
ED-0023 04/22/10

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/1/2010 *, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 047. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 12TH day of July, 2010.

Clay Dome for
Douglas C. Peebles, MBA, CPPB, CPCM
Chief Procurement Officer
Department of Education

* WITH CLARIFICATIONS DATED 7/7/2010

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 55.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

No fees/payment for transportation can be charged against the Per Pupil Allocation (PPA) or taken from the Supplemental Educational Services Funds.

The hourly rate for payment shall be based on a ratio of 1:1.....Instruction (tutoring) can be given in groups

**Payment for tutoring in groups will be paid at the hourly rate per each individual student in that group.
e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5**

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

Matematicas
 Name of Provider

Mathnasium of Chandler
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Dr. Scott Unsworth	Office Phone	480-782-1924
Title	Director	Alternate Phone	480-717-6284
Address	3875 W Ray Road, Suite 12	Fax	480-814-1640
City, State, Zip	Chandler, AZ 85226	Email	chandler@mathnasium.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Orlando Jimenez	Office Phone	480-782-1924
Title	NCLB Director	Alternate Phone	602-228-9954
Address	3875 W Ray Road, Suite 12	Fax	480-814-1640
City, State, Zip	Chandler, AZ 85226	Email	chandler@mathnasium.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Orlando Jimenez	Office Phone	480-782-1924
Title	NCLB Director	Alternate Phone	602-228-9954
Address	3875 W Ray Road, Suite 12	Fax	480-814-1640
City, State, Zip	Chandler, AZ 85226	Email	chandler@mathnasium.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Dr. Scott Unsworth	Office Phone	480-782-1924
Title	Director	Alternate Phone	480-717-6284
Address	3875 W Ray Road, Suite 12	Fax	480-814-1640
City, State, Zip	Chandler, AZ 85226	Email	chandler@mathnasium.com

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Contract Management Unit – Bin # 37
1535 West Jefferson Street
Phoenix, Arizona 85007-3209



SOLICITATION NO. ED10-0023

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the Offeror does not have scrutinized business operations in either the Sudan (A.R.S. 35-391) or Iran (A.R.S. 35-393).

The Way Out

Company Name/dba
45032 W Buckhorn Trail

Street Address
45032 W Buckhorn Trail

Maricopa AZ 85039
City State Zip

206 853-4622 800 515-1622
Telephone Number Facsimile Number

26-0617848
Offeror's Arizona Transaction (Sales)
Privilege Tax License Number:

45032 W Buckhorn Trail
Name of Person Authorized to Sign Offer

Director
Title of Authorized Person

[Signature] 5-3-10
Signature of Authorized Person Date of Offer

tjackson2u@yahoo.com
E-Mail Address

Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated)	Amendment No. Date <u>1</u> <u>4-22-10</u>	Amendment No. Date _____ _____
	_____ _____	_____ _____
	_____ _____	_____ _____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/3/2010 *, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED10-0023- 048. You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 12TH day of July, 2010.

[Signature]
Douglas C. Peeples, MBA, CHFB, CPCM
Chief Procurement Officer
Department of Education

* WITH CLARIFICATIONS DATED 7/9/2010

Cost per hour for Supplemental Educational Services (SES)
as per Scope of Work Section 1

\$ 50.00
HOURLY RATE (FEE)

The hourly rate shall not exceed fifty-five (\$55.00) dollars per hour.

No rate ranges will be accepted.

No separate fees/payment for any testing are permitted. (Pre-testing to establish student goals and Post-testing to establish student achievement is billable at the hourly rate, not to exceed per pupil allocation).

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e.g. 1:1 = xx.00 per hour - a group of 1:5 = xx.00 per hour x5

Groups shall be constructed 1:1; 1:5. Computer lab groups 1:10.

ATTACHMENT 6.3
ARIZONA DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATION SERVICES
PROVIDER APPLICATION

The Way Out SES
 Name of Provider

The Way Out
 DBA

Part I: Contact Information

A. Provider Contact for State SES Coordinator Use (This contact person is the individual who the State SES Coordinator will contact regarding the services provided within Arizona.)

Name	Turelane Jackson	Office Phone	206 853-4622
Title	Director	Alternate Phone	
Address	45032 W Buckhorn Trail	Fax	800 515-1622
City, State, Zip	Maricopa AZ 85139	Email	tjackson2u@yahoo.com

B. Provider Contact for District Use (Arizona Contact Required – This contact person is the individual who LEA personnel will contact regarding provider services.)

Name	Turelane Jackson	Office Phone	206 853-4622
Title	Director	Alternate Phone	
Address	45032 W Buckhorn Trail	Fax	800 515-1622
City, State, Zip	Maricopa AZ 85139	Email	tjackson2u@yahoo.com

C. Provider Contact for Parent Use (Arizona Contact Required – This contact person is the individual whose name will be provided to parents in the parental notification letters and to whom parents in Arizona should address their questions or concerns.)

Name	Turelane Jackson	Office Phone	206 853-4622
Title	Director	Alternate Phone	
Address	45032 W Buckhorn Trail	Fax	800 515-1622
City, State, Zip	Maricopa AZ 85139	Email	tjackson2u@yahoo.com

D. Contract Administration Contact for State Use (This contact person is the individual the state procurement office will contact for all contract administration matters and is authorized to direct provider performance and authorize to make changes in contract requirements.)

Name	Turelane Jackson	Office Phone	206 853-4622
Title	Director	Alternate Phone	
Address	45032 W Buckhorn Trail	Fax	800 515-1622
City, State, Zip	Maricopa AZ 85139	Email	tjackson2u@yahoo.com