

School Turnaround Pilot Program

APPLICATION TEMPLATE

Instructions

Applications are required to be emailed to School_Improvement@education.ohio.gov no later than **11:59 pm EST on April 7, 2025**. Please attach to the email all relevant materials. The email subject must include: "School Turnaround Pilot Program Application."

Vendor Information

Technical Element	Answer
Name of Service Provider	
Address	
City, State, and Zip Code	
Phone	
Email	
Name and Title of Authorized Contact	
Address (if different from above)	
City, State, and Zip Code	
Phone	
Email	
Name and Title of Secondary Contact	
Address (if different from above)	
City, State, and Zip Code	
Phone	
Email	
Tax I.D. Number and / or Ohio Secretary of State Business Registration Entity Number	

SERVICE PROVIDER TYPE (CHECK APPROPRIATE BOXES)

For-Profit Corporation	<input type="checkbox"/>	<input type="checkbox"/> Ohio Corp. or	<input type="checkbox"/> Foreign Corp.
Nonprofit Corporation	<input type="checkbox"/>	<input type="checkbox"/> Ohio Corp. or	<input type="checkbox"/> Foreign Corp.
Other	<input type="checkbox"/>	Please specify:	

SERVICE DELIVERY MODEL (CHECK APPROPRIATE BOXES)

In-person support	<input type="checkbox"/>
Blended Model (in-person and virtual)	<input type="checkbox"/>

AREAS OF COVERAGE (CHECK APPROPRIATE BOXES)

Content	Grades	Can provide school improvement and turnaround services in this grade band and content area:	Can support students participating in special education and related services:
English Language Arts	K-5	<input type="checkbox"/>	<input type="checkbox"/>
	6-8	<input type="checkbox"/>	<input type="checkbox"/>
	9-12	<input type="checkbox"/>	<input type="checkbox"/>
	Other (Please explain)		
Mathematics	K-5	<input type="checkbox"/>	<input type="checkbox"/>
	6-8	<input type="checkbox"/>	<input type="checkbox"/>
	9-12	<input type="checkbox"/>	<input type="checkbox"/>
	Other (Please explain)		

BACKGROUND CHECKS

Will background checks and other screening procedures be in place for staff delivering in-person services to schools and districts?

Yes

No

If yes, explain the process and how it aligns to [Ohio's background check requirements](#) for Service providers as outlined here.

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REFERENCES

REFERENCE 1	
Client Name	
Street Address	
Point of Contact	
Email Address	
Phone Number	
Dates of Service	
Description of service(s) provided	
Did this client terminate their contract with your organization early?	

REFERENCE 2	
Client Name	
Street Address	
Point of Contact	
Email Address	
Phone Number	
Dates of Service	

Description of service(s) provided	
Did this client terminate their contract with your organization early?	

REFERENCE 3	
Client Name	
Street Address	
Point of Contact	
Email Address	
Phone Number	
Dates of Service	
Description of service(s) provided	
Did this client terminate their contract with your organization early?	

Appendix A: Supporting Documentation

Please ensure to separately attach adequate documentation* and/or evidence to support your responses to the requirements above.

Appendix B: Other

Attach any other relevant supporting documentation* that does not fit into the above appendices or template.

**Documentation for both appendices should not exceed 50 pages in total*