**Section VI: Proposal Response Format**

Please email a copy of your application digitally to Kadeem Leslie via [Kleslie@providenceri.gov](mailto:Kleslie@providenceri.gov)

Part A: Identifying Information

Part B: Agency Experiences/Qualifications

Part C: Program Design

Part D: Budget

**Part A: Identifying Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Complete all requested information and include all required signatures**  **1. Agency Organizational Structure: (Check any that apply)** | | | | | |
|  | Non-Profit |  | Public Sector |  | Educational Institution |
|  | For-Profit |  | Private Sector |  | Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **2. Agency Fiscal Year End Date:** |  |

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| --- | --- | --- | --- |
| **3. Name and Title of Agency Administrator**: | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
| **4.** **Proposal Contact Person**: | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
| **5. Name and Title of Person authorized to sign financial invoices:** | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
| **6. Agency Fiscal Management Contact Person: (If different from above)** | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
|  | | |  |
| **7. Insurance:** I understand that if chosen for funding, providers must supply the Office of Economic Opportunity with proof of insurance as part of the contracting process, prior to any programming. Provider’s insurance shall include, at minimum, an umbrella liability policy of $1,000,000 for property damage and personal injury where the City of Providence is named as additionally insured. | | | |
| **8. Payment:** Bidder organization agrees to have the financial resources to pay program costs (not including youth wages) up front and receive reimbursement after submission of invoices, reports and other required materials. The reimbursement timeline will be finalized during contract negotiation. | | | |

PROPOSAL SUBMITTAL CERTIFICATION

On behalf of the respondent organization, I approve this proposal submittal to the City of Providence Board of Contract and Supply.

Signature: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:

**Part B: Agency Background and Capacity (30 points)**

Please email a copy of your application digitally to Kadeem Leslie via [Kleslie@providenceri.gov](mailto:Kleslie@providenceri.gov)

1. Please include a description of your proposed program(s), including target audience served. (Limit to one page)
2. Please list a previous project in which your agency has provided workforce or related services to the target population. Please do not provide an example of a program that has been funded by the Office of Economic Opportunity. Please include the following:
   1. Project Name
   2. Funding source
   3. Brief Synopsis
   4. Number Planned to Serve
   5. Number Actually Served
   6. What were the successes and failures of the program?
   7. What did the provider learn from this project?
      1. How will the lessons learned influence the project you are proposing now?
3. In what ways is your agency ready to expeditiously start, manage and follow through on this project?
4. How will you ensure that data and reporting submitted to OEO are on time and accurate? Please detail the data management platform(s), used by your agency, processes/staff in charge of pre and post evaluation, attendance tracking and past collaboration with the Office of Economic Opportunity.
5. Please complete the chart seen on page (###) that describes the staffing for this program and include information regarding skills and abilities described in the Youth Worker Core Competencies in Attachment B on page (##). All positions that are included in the budget sections must be included and described in this section. What, if any, staff training and supports to youth does your organization provide to successfully serve youth, in particular youth whom are:
   * Off-track to graduate (Summer school/learning participants)
   * Youth with disabilities
   * English Language Learners
   * Youth with interrupted formal schooling
   * Out of School Youth
6. How will your agency be able to pay program costs up front and receive reimbursement upon submission of invoices? If awarded, during the contracting period provider’s will be asked to provide evidence of financial capacity.

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| **Part C: Program Design (40 points)**   1. Which program model have you selected? Describe the proposed program’ goals and what youth will learn or experience in this program. Please include the following information in your response:    1. Planned number of youth to serve and any credentials    2. Age groups to serve    3. Target population of youth    4. Criteria for accepting youth    5. Location of the Program    6. Program Start Date    7. Program End Date    8. Hours Per Day    9. Days Per Week 2. What is the need that your program addresses? How is your program addressing these needs different than other programs that may already exist? 3. Please attach a draft 6 week outline of the proposed program that includes:    1. Topics and activities covered in the program    2. 21st Century Skills to be addressed (See chart below)    3. Opportunities for participant reflection    4. Final products or presentations/performances that will be included 4. What careers and career pathways will you expose participants to in this program? What characteristics are you looking for in employers for placement sites? Please list any employers recruited and provide letters of support if applicable.     **Part D: Budget (30 points)**  Please provide a budget for the period of July 5, 2021 to August 27, 2021. Applications must include the budget format.  <https://docs.google.com/spreadsheets/d/1ENT-wWFuUxHNFp4O2A9fXihO5S6kQA2Y/edit#gid=2071159095>  All costs associated with proposed programs should be reasonable, allocable and necessary to the effective operation of the program. Funding available through this procurement process is for services not currently being funded through other federal or non-federal funds. Supporting documentation may be requested for specific line item requests. |  |
| **Attachments:**   1. Program Staff Chart 2. Youth Development Worker Core Competencies (add) 3. Core Competencies Chart 4. Budget Template: (add) <https://drive.google.com/file/d/1ENT-wWFuUxHNFp4O2A9fXihO5S6kQA2Y/view?usp=sharing> 5. Certifications   **Attachment 1 - Program Staff Chart**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Title** | **Staff Name** | **Reports To** | **Responsibilities** | **Qualifications** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **Attachment ### - 21st Century Skills to be Addressed:**   |  |  |  | | --- | --- | --- | |  | **What activities will develop these skills?** | **How will you measure skills gain?** | | **Communication** |  |  | | **Engagement in Learning** |  |  | | **Critical Thinking** |  |  | | **Perseverance** |  |  | | **Teamwork** |  |  | | |
| |  |  | | --- | --- | |  |  | | **SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE** | **DATE** | | **TYPED NAME** | **TITLE** |     **ADA Accessibility Information**  **Title III of the Americans with Disabilities Act of 1990 (ADA) prohibits discrimination on the basis of disability in "places of public accommodation" (businesses and non-profit agencies that serve the public) and "commercial facilities" (other businesses). Program facilities are expected to be accessible to persons with disabilities. Respondents are expected to demonstrate full compliance with all applicable aspects of the Americans with Disabilities Act of 1990 (ADA), as amended and must have a recent accessibility survey completed and on file. Delegate Agencies who are not fully compliant with ADA are required to submit an "accessibility plan" outlining the steps that will be taken to become both programmatically and physically accessible and the planned implementation dates. This accessibility plan must meet the criteria set forth in the ADA.**  **For a full copy of the Americans with Disabilities Act, please visit:**  [**http://www.usdoj.gov/crt/ada/adahom1.htm**](http://www.usdoj.gov/crt/ada/adahom1.htm)  **For the ADA Title III Technical Assistance Manual please visit:**  [**http://www.usdoj.gov/crt/ada/taman3.html**](http://www.usdoj.gov/crt/ada/taman3.html)  **Add more rows if needed.**   |  |  |  | | --- | --- | --- | | **Location Name & Address** | **Is it accessible?** | **Plan for Accommodations** | |  |  |  | |  |