Application for RFP # 2023-02

FORM 3 – Organizational Information and Organizational Narrative

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| **Organizational Information** |
| Organization Name (Legal Name) |  |
| Primary Contact Name |  |
| Primary Contact Phone |  |
| Primary Contact Email |  |
| **Organization is an eligible applicant?***Eligible applicants may be governmental entities, for-profit or not- for-profit organizations, or faith-based organizations providing services within Alachua County. Applicants should be currently qualified to conduct business in the State of Florida, under the laws of Florida, and must be qualified to conduct business on or before the service and contract start date(s). Eligible applicants must remain qualified to conduct business in the State of Florida for the duration of their service award. All contractors will be required to have current general liability insurance before contracts can be executed. The CTAC is prohibited from contracting with programs that are under the exclusive jurisdiction of the public-school system.**Additionally, Alachua County Public Schools is not eligible for funding. Applicants that operate a charter school are also ineligible for**funding. § 125.901, Fla. Stat.* | ☐☐ | Yes No |
| **Organizations meets minimum requirements to bid?** *Organizations can apply for funding based on the following requirements:*1. *All proposed services must take place within Alachua County.*
2. *Applicant must be currently qualified to conduct business in the State of Florida.*
3. *Applicant must not be a charter school approved by any public- school system in the State of Florida.*
4. *Applicant must have experience working with youth in out-of- school time.*
5. *Applicant must offer mentoring services to youth currently enrolled in elementary, middle school or high school, living in Alachua County.*
6. *Applicant must offer one-on-one and group mentoring sessions.*
7. *Applicant must have at least 1 year of experience offering youth mentoring services with elements of character-building activities.*
8. *Must comply with Level 2 background screening and ﬁngerprinting for all staff and mentors.*
 | ☐☐ | Yes No |

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| **Contract termination for default in last five years?***Has the contractor had any contracts terminated for default in the past five years?* | ☐☐ | Yes No |

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| **Organizational Narrative** |
| 1. Describe your organization's ability to hire and train additional qualified staff and comply with background screening requirement (DCF Clearinghouse). |
| Click or tap here to enter text. |
| **Program Description 0-30 Points** |
| 2. Describe an overview of your mentoring program focus and priority areas. |
| Click or tap here to enter text. |
| 3. Describe the character-building curriculum and/or training that you intend to use. Also describe how program supervisors will provide on-going support to recruited mentors. |
| Click or tap here to enter text. |
| 4. Describe your program policies and procedures that address youth and mentor incidents and other unexpected circumstances during mentoring program hours. |
| Click or tap here to enter text. |
| 5. Describe how your program aligns with **CTAC Goal 3: All children and youth live in a safe community.** |

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| Click or tap here to enter text. |
| 6. Describe how your program establishes and utilizes evidence to assess effectiveness and impact. Please mark the boxes below to indicate infrastructure your program currently has in place. Note: The Trust has the authority to require speciﬁc evaluation tools for funded programs. |
| Click or tap here to enter text. |
| * Defined program design based in research and theory.
 | * Collects data on participant

demographics, service provision, quality, and outcomes. | * Program logic model

specifying inputs, output, outcomes. (If so, please attach) |
| * Track and analyze data.
 | * Completes reporting/shares findings. (If so, please attach)
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| **Program Implementation 0-25 Points** |
| 7. Describe your program design and implementation. (Include frequency (how often) of and duration (amount of time) of group and one-on-one sessions. Also include longevity/length of the match) |
| Click or tap here to enter text. |
| 8. Describe how you will identify and recruit mentors. |
| Click or tap here to enter text. |

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| 9. Describe the youth population(s) and age range you intend to serve, how many youth your program will serve, and how you will recruit youth. Describe how your organization intends to communicate with the youth’s parent or guardian. |
| Click or tap here to enter text. |
| 10. Describe how CTAC funds will be used to expand your current program or create a new program. |
| Click or tap here to enter text. |
| 11. Describe your organization’s collaborative eﬀorts and how those eﬀorts positively impact your services and improve the lives of the children you serve. |
| Click or tap here to enter text. |
| **Agency Stability & Capability 0-20 Points** |
| 12. Describe your organization’s mission and services. |
| Click or tap here to enter text. |
| 13. Describe your organizational capacity to carry out the proposed project plan. |
| Click or tap here to enter text. |
| 14. Describe how your organization will sustain your proposed program beyond the term of the contract. |

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| Click or tap here to enter text. |
| **Budget 0-25 points** |
| 15. Detail the financial support (from whom and amount) you receive for your proposed program. Including in-kind services your organization leverages. (Detail Tab 2 of the budget) |
| Click or tap here to enter text. |
| 16. Describe your organization’s fundraising activities. |
| Click or tap here to enter text. |
| **Other** |
| 17. Endemic interruption plans: What plan does your organization have in place for any endemic related interruptions to your programming, such as flu? |
| Click or tap here to enter text. |