OUT OF SCHOOL TIME (OST) TASK FORCE 2020 SCHOOL YEAR REQUEST FOR PROPOSAL APPLICATION FORM

Total Program Hours: Total Prep Hours:

1) Organizational Information:							
Name of applicant organization:		_					
Primary Contact Name:		-					
Email:							
Phone:							
Is your organization currently registered a	as a City of Somerville v	endor? (Y / N)				
List Partnering agencies:							
<u> </u>	Primary Contact:						
Name:	Primary Contact:						
 Are the partner organizations currently Will programming be made available (Y / N) Program Details: A.) Program Description: Brief description of the project for v 	to residents outside of yo	our regular co		nembership?			
B.) Program Schedule: - Please fill in the program details below. B programming and preparation per week. Ea will be based on program outcomes and fun between 2:30pm and 4:00pm Monday through	ch program may run no lading availability. Online	longer than 6	weeks. Applica	ation renewal			
Anticipated Start Date:		<u> </u>	<i>S</i>	1			
Anticipated End Date:				1			
Program Day:				1			
Program Time:				1			
Program Weeks:				1			

C.) Program Reporting:

- Listed below are measures that providers will be expected to report to the program administrator on a weekly basis. Please list anticipated outcomes and measurement strategies separately in the chart below for each program listed under *Program Schedule*.

Measures	Anticipated Outcomes	Measurement Strategy
# unduplicated participants per	We anticipate	
hour	participants per hour.	
% participant retained per week	We anticipate% of participants to return weekly.	
Program Learning Goals	Youth will learn the following by the end of program:	
Online Engagement Strategies	Program staff will use the following engagement strategies to ensure attendance and retention:	

D.) Program Budget:

	Total Project costs	Funding Source(s)	Amount Requested from OST RFP
# of program hours reimbursed from \$75- \$125/hr	\$		\$
# of prep hours reimbursed from \$75-\$125/hr	\$		\$
Equipment/supplies	\$		\$
TOTAL	\$		\$

E.) Program Management:

- Applicant Organization can attest to the following:
 - o (Y/N) Staff ratios adhere to local and state requirements
 - o (Y/N) All staff have completed background checks
 - $\circ \quad (\ Y\ /\ N\)$ Program policies and procedures are documented and adhere to local and state requirements
 - $\circ \quad (\ Y\ /\ N\)$ The applicant agency and partner agencies have certificates of insurance and can provide them upon request
 - (Y/N) Applicant organizations are willing to be observed and assessed by the Out of School Time Coordinator using the Assessment of Program Practices Tool. This will occur on a monthly or as needed basis to ensure the quality of programming being provided.

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QUESTIONS: Questions related to creating strong proposals to this RFP or related data inquiries are welcome. Please submit questions in writing to Jose Mendez jmendez@somervillema.gov.