**If selected as an enrichment partner, your organization will be required to carry liability insurance and Worker’s Compensation insurance (unless a sole proprietor), pass an organization lien background check, and submit staff background checks.**

**I. Name of Organization or Individual & Contact information**

|  |
| --- |
| Legal Name of Organization: |
| Primary Contact Name and Position: |
| Primary Contact Phone Number: |
| Primary Contact E-mail: |

**II. Organization Status**

\_\_\_For-Profit

\_\_\_Not-for-Profit (If Not-for-Profit, please provide evidence of this status.)

**III. Program/Service Components (50 points)**

1. Enrichment Service Blocks will begin in January
2. Grade levels intended to serve (please check box(es) that apply)

 Kindergarten-2 Grade 3 - 5 Grade 6 – 8

1. Identified program focus areas intended to serve (please check box(es) that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Literacy (Reading & Writing) |  | STEM |  | Healthy Living |
|  | Social-Emotional Learning |  | Science |  | Sports |
|  | Performing Arts |  | Math |  | College & Career  |
|  | Visual Arts |  | Technology |  | Leadership/Service |

1. Identified CIS target goals the program may impact (please check box(es) that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Increasing Attendance |  | Engaging Males |  | Increasing SEL Skills |
|  | Improving Math  |  | Improving Reading  |  | Improving Writing  |

 **Enrichment Program Description** (must include the following)

* Provide a one paragraph narrative overview of the program purpose and content
* List program objectives
* List typical program session topics and activities
* List outcomes: what students know or be able to do as a result of this program.
* Explain how you will assess the program to determine if the objectives and expected outcomes you identified were met.
* Provide at least two Citations and/or references on best practice or evidence-based strategies that support your program’s content\*

|  |
| --- |
| **Enrichment Program Narrative**Overview:Objectives:Topics and Activities:Outcomes:Evaluation:Citations for evidence based strategies: |

\* You may attach materials that help to explain your program. (Materials will not be returned.)

**IV. Youth Program Quality Assurances (10 points)**

1. How does your program’s design, structure, and staffing meet youth development quality expectations of 1.) a safe and supportive environment, 2) engaging and hands-on learning, 3) positive interaction with adults, and 4) youth voice and choice?

**V. Credentials and Experience (5 points)**

|  |
| --- |
| 1. Are you a current or previous CIS Enrichment Partner?
2. If not, provide your organization’s programming experience and, if available, impact data.
 |

**Staff Skills, Training & Credentials**

|  |  |  |
| --- | --- | --- |
| Staff Name(s) | Qualification(s)/Credentials | Training (Weikert, KYDNet) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**VI. Collaboration (5 points)**

Describe your organizations strategies for collaboration, give an example of a successful collaborative project, and describe how youth have benefited.

**VII. Parent Engagement (5 points)**

Does your intervention/service include a parent engagement component? If so, please describe how you will involve parents directly or indirectly in the program.

**VIII. Commitment to Diversity, Inclusion and Sustainability (5 points)**

Program funding through the 21st CCLC grants is funds 15 KPS school sites and is not permanent funding. Describe how your organization would sustain its support of out-of-school time programming for KPS students if there is no 21st CCLC grant funding available. Describe how your organization addresses diversity and inclusion.

**IX. Budget (10 points)**

Please provide a detailed budget for your program, including all costs for programming & staffing associated with the delivery of the program. Identify if funding for any of the line items is being provided in-kind or by another source.

Please also provide the following information in the format provided below:

|  |  |
| --- | --- |
| **Length of enrichment program** (Ex. 1 hour, 1.5 hour, 2 hours) |  |
| **Days per week enrichment is provided**(Ex. 1 day, 2 days) |  |
| **# of weeks enrichment is delivered**(Ex. 5 weeks, 6 weeks, 7 weeks) |  |
| **Maximum # of students served**(Ex. 15, 17, 25) |  |
| **Cost per daily session** \* |  |
| **Total Proposal Amount***(# of days per week x number of weeks in enrichment session x cost per daily session)* |  |

*\*The cost per daily session includes all costs for programming, materials & staffing associated with delivery of program.*

**IX. Business Acumen (10 points)**

Returning enrichment providers will be evaluated based on the following criteria most recently observed by After School Coordinators and the Finance & Human Resource staff: accurate and timely billings, reliable staffing (including low turnover/absentee rates), and prompt response to staff inquiries. New providers will be evaluated on interactions with staff from the date of the distribution of the RFP.

To receive earliest consideration, submit an Enrichment Partner Proposal and the Enrichment Partner Profile (hard or electronic copy) by **Friday, November 2, 2018** to:

Attn: Colleen Loc

Communities In Schools

125 West Exchange Place

Kalamazoo, MI 49007

**Please submit any questions you have regarding this EPP or the bidding process in writing to Colleen Loc (cloc@ciskalamazoo.org).**