

Submitted
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Status
Submitted / Started 1/15/19 04:44 PM

Completed
1/15/19 04:44 PM - 42B7AC96-C82D-00D7-C58CE07C683BD53E - 3519

AGENCY INFORMATION

LEGAL ENTITY (AGENCY_INFORMATION)

Legal Name: FEIN: Entity Type: Fiscal YearEnd Date Date Fulfilled:
PDF Sample Please Select Please Select

ADDRESS (AGENCY_INFORMATION)

Address Type for Entity: Address: City State Zip
Please Select One

CONTACT INFORMATION (AGENCY_INFORMATION)

Telephone: Fax: Email: Website

EXECUTIVE KEY CONTACT (AGENCY_INFORMATION)

Executive Position: First Name: Last Name: Phone: Fax: Email:
Please Select All That Apply

AGENCY ELIGIBILITY SCREENING

PLEASE ANSWER YES OR NO

Are all services intended to be performed within Miami-Dade County, as required by The Children's Trust? Is the agency approved to operate as a charter school by any public school system in the State of Florida? Are you currently qualified to do business in the State of Florida?
Yes Yes Yes

INSURANCE REQUIREMENTS

Insurance Type(s) Coverage Amount Expiration Date:
Not Applicable

PROGRAM OVERVIEW

DESCRIPTION (PROGRAM OVERVIEW)

Program Description:

ACTIVITIES (PROGRAM OVERVIEW):

Activities Description:

DATES (PROGRAM OVERVIEW)

Start Date: End Date:

Activities and Timeline Projection Narrative:

SITE(S)

Proposed Site(s) Address City Zip Code

PARTICIPANT INFORMATION

PARTICIPANT INFORMATION

Participant Information Narrative

Recruitment Narrative

Total Participant Expected:

Total Youth:

Youngest Age for Youth:

Oldest Age for Youth:

Total Adults:

Parents/Guardians (Adult Count):

Professionals (Adult Count):

General Population (Adult Count):

ALIGNMENT NARRATIVE:

The Children's Trust Alignment:

QUALITATIVE NARRATIVE

Qualitative Measurements Narrative:

AGENCY CAPACITY NARRATIVE

Agency Capacity Narrative:

BUDGET INFORMATION

TOTAL PROJECT BUDGET SOURCES

Amount Requested From The Children's Trust	Grant Project Number(s)	In-Kind Resources	Other Expected Cash Revenues	Total Project Value

APPLICATION CERTIFICATION

AUTHORIZED OFFICIAL NAME AND TITLE

Ensure the authorized official for the applicant agency is the authorized official list on in this part of the application. Enter this person's first and last name and title in this section. This will indicate the applicant's agreement to the Certification Statement and Acknowledgement of Required Documents for Contracting that are acknowledged by checking below.

First Name:

Last Name:

Title/Position

CERTIFICATION STATEMENT

I do hereby certify to the following statements and that all facts, figures, and representations made in this application and supporting documents are true and correct.

- I have been duly authorized to act as the representative of the bank/ financial institution in connection with filing this application. Further, I understand that it is the responsibility of the bank/ financial institution head to obtain from its governing body the authorization for the submission of this application, if applicable.
- This RFQ process is subject to the cone of silence and Florida's conflict of interest laws (§112.311, et. seg). I further state that to the best of my knowledge, submission of this proposal is in compliance with the state and county conflict of interest laws.

Agreement

AGREEMENT

DOCUMENT UPLOADS

Proposed Budget Upload

W-9 Upload

Other file or supporting documentation:

SAMPLE