<table>
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<tr>
<th>Submitted</th>
<th>Samuel McKinnon (<a href="mailto:samuel@thechildrenstrust.org">samuel@thechildrenstrust.org</a>)</th>
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### AGENCY INFORMATION

#### LEGAL ENTITY (AGENCY_INFORMATION)
- Legal Name: FEIN: Entity Type: Fiscal Year: End Date: Date Established: COMPLETED W-9
- SAMPLE FORM ONLY: GOVERNMENT: JAN

#### ADDRESS (AGENCY_INFORMATION)
- Address Type for Entity:
- Address: City: State: Zip

#### LOCATION

#### CONTACT INFORMATION (AGENCY_INFORMATION)
- Telephone: Fax: Email: Website

#### EXECUTIVE KEY CONTACT (AGENCY_INFORMATION)
- Executive Position: First Name: Last Name: Telephone: Fax: Email:
- CEO/ED

### PROGRAM OVERVIEW

#### NARRATIVE (PROGRAM OVERVIEW)
- Program Description:

#### DATES (PROGRAM OVERVIEW)
- Time Frame: Total: Date: End Date:

#### ENROLLMENT (PROGRAM OVERVIEW)
- Criteria: Criteria Narrative: Program Fee: Program Fee Narrative: Recruitment Plan Narrative

### PARTICIPANT INFORMATION

#### TARGET POPULATION (PARTICIPANT INFORMATION)
- Grade Level: Prevention Level(s)
  - ELEMENTARY SCHOOL (2nd - 5th GRADES): SELECTIVE
  - MIDDLE SCHOOL (6th - 8th GRADES): INDICATED
  - HIGH SCHOOL (9th - 12th GRADES)

#### RISK FACTORS (PARTICIPANT INFORMATION)
- Indicators Other (Description)
  - LOW INCOME YOUTH LIVING IN HIGH NEED COMMUNITY
  - YOUTH WITH DISABILITY
  - YOUTH WITH ACADEMIC, ATTENDANCE, AND/OR BEHAVIOR IN SCHOOL
  - YOUTH IN (OR DIVERTED FROM) DEPENDENCY/DELINQUENCY SYSTEMS
  - OTHER (Describe)

### SERVICE DELIVERY MODEL

Printed on: 03/07/19. Page 1
LITERACY (SERVICE DELIVERY MODEL)
Attendance-based activities are ongoing intensive services with participants for whom demographics and individual attendance are reported. This table specifies the unduplicated number of participants expected to complete the program (i.e., attend the required number of sessions). The number of participants and the responsible staff/facilitator per activity are identified below in the activities section.

Participant attendance requirements are based on these guidelines:

- **A session** is defined as an event that meets all of the following requirements: (1) Involves face-to-face interaction with program staff and/or participants; (2) Engages participants for an hour or more; and (3) Involves a singular occurrence in a day (i.e., no more than one session can take place on the same day)
- Participants must attend at least 75% of the total number of sessions offered.

Programs are expected to serve at least their contracted number of youth each week the program is operational.

<table>
<thead>
<tr>
<th>Activity Name</th>
<th>Activity Description</th>
<th>Delivery in Days per Week</th>
<th>Hours per Session</th>
<th>Start Date</th>
<th>End Date</th>
<th>Participant Count</th>
<th>% With Disability</th>
<th>Responsible Position(s):</th>
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FITNESS (SERVICE DELIVERY MODEL)

<table>
<thead>
<tr>
<th>Activity Name</th>
<th>Activity Description</th>
<th>Delivery in Days per Week</th>
<th>Hours per Session</th>
<th>Start Date</th>
<th>End Date</th>
<th>Participant Count</th>
<th>% With Disability</th>
<th>Responsible Position(s):</th>
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</table>

OTHER ACTIVITIES (SERVICE DELIVERY MODEL)

<table>
<thead>
<tr>
<th>Activity Name</th>
<th>Activity Description</th>
<th>Delivery in Days per Week</th>
<th>Hours per Session</th>
<th>Event Date</th>
<th>Participant Count</th>
<th>% With Disability</th>
<th>Responsible Position(s):</th>
</tr>
</thead>
</table>

GROUP ACTIVITIES (SERVICE DELIVERY MODEL)

Group-based activities: Activities that are one or two time events for which demographics and individual attendance are not collected. These activities may be open to the public and do not require program enrollment. They are reported as aggregated attendance numbers. Examples of these activities include community events, health fairs, back-to-school events, etc.

<table>
<thead>
<tr>
<th>Activity Name</th>
<th>Activity Description</th>
<th>Event Date</th>
<th>Hours per Event</th>
<th>Youth:</th>
<th>Chaperones:</th>
<th>Adults/Parents:</th>
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</table>

SITE INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Youth:</th>
<th>Staffing Count:</th>
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EVALUATION INFORMATION

LITERACY MEASURE (EVALUATION INFORMATION)

<table>
<thead>
<tr>
<th>Literacy Activity</th>
<th>LIT_Assessment Points</th>
<th>Literacy Outcome</th>
<th>Meaningful Improvement Measure</th>
<th>Measurement Tool(s):</th>
<th>Measurement Tool Other (Other Description):</th>
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<tr>
<td>NONE</td>
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</tr>
<tr>
<td>OTHER (PLEASE DESCRIBE)</td>
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FITNESS MEASURE (EVALUATION INFORMATION)

<table>
<thead>
<tr>
<th>Fitness Activity Outcome</th>
<th>FIT_Assessment Points</th>
<th>Fitness Outcome Expected</th>
<th>Meaningful Improvement Measure</th>
<th>Measurement Tool(s):</th>
<th>Measurement Tool Other (Other Description):</th>
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OTHER(S) MEASURE (EVALUATION INFORMATION)
Other Activity: OUTCOME
Outcome:

Meaningful Improvement (Other Description)
Meaningful Improvement (Other Description)

STAFFING INFORMATION

STAFF PLAN (STAFFING INFORMATION)
Position Position Description Minimum Qualifications Key Position Total # of Position Total # Count to Ratio

BUDGET INFORMATION

FUNDING OVERVIEW (BUDGET INFORMATION)
Funding Requested Amount: Funding Match Amount: Total Project Cost:

SUPPORT ATTACHMENTS

APPLICATION CERTIFICATION

AUTHORIZED OFFICIALS NAME AND TITLE:
Ensure the authorized official for the applicant agency is the same official listed on the applicant's name on the first page 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 the 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 official 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's 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. seq). 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.