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Attachment A -- Experience and Funding Summary Chart

Instructions: Please list contracts held by the applicant for the past 10 years, include only senior service related contracts greater than $50,000. Each column must be filled in. (Make additional copies of the chart if needed.)

Source of Funds	If Government-funded, Please check Funding Source	Funding Agency Name	Type of Service	Program Address(es)	Borough Served	Community Districts (CDs) Served	Contract Term, including renewal options, if any	Unduplicated Number of Individuals Served Daily (Average)	Special Needs Population Served (if yes, pls list below)	Annual Funding Amount	Reference and Contact Information (For non-City funded contracts)
CHECK ALL THAT APPLY											
☐ Government Funds %	If Government-funded, Please check Funding Source			☐ Multiple Site Contract (check if yes and provide all addresses)	MN			(If multiple site contract, list number served daily per site.)		Fiscal Year	
☐ Donations %	☐ City %				BK						
☐ Grants %	☐ State %				BX				List Number Served Annually Below		
☐ Private Pay %	☐ Federal %				QN						
☐ Other:_____ %	☐ Other _____ %				SI						
☐ Government Funds %	If Government-funded, Please check Funding Source			☐ Multiple Site Contract (check if yes and provide all addresses)	MN			(If multiple site contract, list number served daily per site.)		Fiscal Year	
☐ Donations %	☐ City %				BK						
☐ Grants %	☐ State %				BX				List Number Served Annually Below		
☐ Private Pay %	☐ Federal %				QN						
☐ Other:_____ %	☐ Other _____ %				SI						
☐ Government Funds %	If Government-funded, Please check Funding Source			☐ Multiple Site Contract (check if yes and provide all addresses)	MN			(If multiple site contract, list number served daily per site.)		Fiscal Year	
☐ Donations %	☐ City %				BK						
☐ Grants %	☐ State %				BX				List Number Served Annually Below		
☐ Private Pay %	☐ Federal %				QN						
☐ Other:_____ %	☐ Other _____ %				SI						
☐ Government Funds %	If Government-funded, Please check Funding Source			☐ Multiple Site Contract (check if yes and provide all addresses)	MN			(If multiple site contract, list number served daily per site.)		Fiscal Year	
☐ Donations %	☐ City %				BK						
☐ Grants %	☐ State %				BX				List Number Served Annually Below		
☐ Private Pay %	☐ Federal %				QN						
☐ Other:_____ %	☐ Other _____ %				SI						
☐ Government Funds %	If Government-funded, Please check Funding Source			☐ Multiple Site Contract (check if yes and provide all addresses)	MN			(If multiple site contract, list number served daily per site.)		Fiscal Year	
☐ Donations %	☐ City %				BK						
☐ Grants %	☐ State %				BX				List Number Served Annually Below		
☐ Private Pay %	☐ Federal %				QN						
☐ Other:_____ %	☐ Other _____ %				SI						
										TOTAL:	