ATTACHMENT 1--PROPOSAL SUMMARY FORM

RFP TITLE: Capacity Building Services **E-PIN: 26016P0001**

Organization: _____ EIN: _____

Address: _____

_____

City State Zip Code

Contact Name: _____ Title: _____

Contact Email: _____

Telephone: _____ Fax: _____

Authorized

Representative: _____ Title: _____

Proposed Service Option/Subcategory (check one)

*If applying for more than one service option/competition, a separate and complete proposal must be submitted.

Service Option 1: Afterschool Programs

a. Literacy ☐
b. Life Science ☐
c. Technology/Computer Science ☐
d. Engineering/Built Environment ☐
e. Math ☐
f. Youth Development ☐
g. DYCD Online ☐

Service Option 2: Community Development Programs

a. Case Management ☐
b. Strategic Partnerships ☐
c. Workforce Development ☐
d. Measuring and Using Outcomes ☐
e. Youth Mental Health Support ☐
f. LGBTQ Youth ☐

Service Option 3: Workforce Innovation and Opportunity Act (WIOA)-funded Programs

a. Case Management ☐
b. Career Development ☐
c. Literacy ☐

Service Option 4: Facilitation Skills and Program Design

a. Curriculum Development/Lesson Planning ☐
b. Conflict Mediation ☐
c. Managing Classroom Behavior ☐
d. Family Engagement ☐
e. Social and Emotional Learning (SEL) ☐
f. Recruitment and Retention ☐
g. Youth Leadership ☐

DYCD Annual Funding Request: $ _____ Full Day Expense Rate $ _____

Training Site: _____

Address: _____

_____
City State Zip Code

_____

Training Site: _____

Address: _____

_____
City State Zip Code

*Additional training sites can be listed in the proposal narrative.

Proposer has submitted additional proposals in response to this RFP? ☐ Yes ☐ No

Authorized Representative Signature: _____ **Date:** _____