Appendix A: Cover Sheet

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| **Organization Information** | |
| Name of Organization: |  |
| Contact Person: |  |
| Contact Person Title: |  |
| Email of contact person: |  |
| Website: |  |
| Street Address:  City, State, Zip: |  |
| Type of Entity | For-profit (please attach documentation)  Nonprofit |
| W-9 | Please attach |
| Staffing: What is the size of your organization? | 0-50  51-100 101 or more  Please attach an organizational chart |
| Provider Model Information | |
| Schools/Grade Levels Served: | Please check all that apply:  Elementary (K-5)  Middle School (6-8)  High School (9-12) |
| Program Location | On-Campus (at a PPSD building)  Off- Campus (list location)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | In- School  Out- of School hours  Summer  2-4 Weeks  4-6 Weeks |
| Primary Focus: | |
| Academic Supports | Academic Enrichment Learning  Tutoring  Library Services  Credit Recovery  Reading & Literacy  Math  Science |
| Enrichment | Arts & Cultural activities  Health & Nutrition Education  Substance Abuse & Drug Prevention  Violence Prevention |
| College and Career | Career & Job Training  College advising  Entrepreneurial Education  Technology/Telecommunication Training, Internships and Apprenticeships |
| Leadership Development | Peer Mentoring  Peer tutoring  Youth-led Community Service  Civic Engagement |
| Mental Health/Social Emotional Learning | Professional Development, Training and/or Coaching  Social Emotional Learning (5 SEL Standards & Competencies)  Mental Health  Social, Emotional, Behavioral Health  Universal Practices & Interventions  Social Emotional Learning Competencies  Positive Behavioral Supports Interventions & Supports  Restorative Practice Training  Targeted Interventions  Targeted Social-Emotional Learning Skills-Based Counseling and/or Interventions  Targeted Social, Emotional, Behavioral Health Counseling and/or Interventions  Intensive Interventions  Individualized Mental Health Interventions  Individualized Behavioral Health Interventions |
| Recreation/ Physical Activity | Cooperative Games  Dance  Martial Arts  Intramural Sports  Sports Leagues |
| Educational Consultant | Strategic Planning  Culturally Responsive Teaching  Equity Planning/ Training  Professional Development  Administrators  Teachers and Paraprofessionals  Students |
| Capacity to Serve: | Indicate the maximum number of students and schools you have capacity to serve:  Number of schools:  One school  Multiple schools  Number of students:  1,000+  501-1000  250-500  101-250  50-100  0-50 |
| Specific Student Populations Served | Please check all that apply:  Regular education students  English Language Learners (ELL)  Special Education students  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

By signing this Cover Sheet I hereby attest: that I have read and understood all the terms listed in the RFQ; have read and understood all terms listed in this Request for Qualifications; that I am authorized to submit a proposal on behalf the listed entity; and that should this proposal for qualification be accepted, I am authorized and able to secure the resources required to deliver against all terms listed within the RFQ as published by the Providence Public School Department, including any amendments or addenda thereto except as explicitly noted or revised in my submitted proposal for qualifications.

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Signature of Authorized Representative Date