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 |
| [x] 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