



## Application for ITN # 2022-01

### FORM 2 – Organizational Information

Organization Name (Legal Name)	
Primary Contact Name	
Primary Contact Phone	
Primary Contact Email	

All organizations must meet the minimum requirements to bid. For each requirement below, indicate whether your organizations meets it or not, and provide a brief narrative to support your response. The Trust reserves the right verify any information and to request additional documentation.

<p>1. Provider must be currently qualified to conduct business in the State of Florida</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SUPPORTING NARRATIVE:</b></p>	
<p>2. Provider must not be an Alachua County Public school or charter school approved by any public school system in the State of Florida</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SUPPORTING NARRATIVE:</b></p>	
<p>3. Provider must have applied and been accepted in the Youth Development Capacity Building Collaborative in October 2021</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SUPPORTING NARRATIVE:</b></p>	
<p>4. Provider must have completed baseline survey included in welcome email</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SUPPORTING NARRATIVE:</b></p>	

<p>5. Provider must have completed training requirements</p> <ul style="list-style-type: none"> <li>• October 13th - Youth Development Collaborative Overview and Doing Business with the Trust (Not required but recommended)</li> <li>• October 18th - Florida Afterschool Network Training (Required for all)</li> <li>• October 20th - Early Learning Coalition School Readiness (only required for providers serving elementary-age children)</li> <li>• October 27th - DCF Licensing (only required for providers serving elementary-age children in afterschool and do not currently have DCF license or exemption)</li> <li>• November 4th - Florida Afterschool Network Training Part 2 (Required for all)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SUPPORTING NARRATIVE:</b></p>	
<p>6. Provider must have offered a summer program in 2019, 2020, or 2021 and/or Provider must have offered an afterschool program in 2019-20, 2020-21 or current afterschool program in 2021-22.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SUPPORTING NARRATIVE:</b></p>	
<p>7. Provider must meet the following definition for OST programs:</p> <p>a. Implement creative, innovative, programming that meet the needs and interests of children enrolled in their programming, including academic programs (e.g. reading or math focused programs), specialty programs (e.g. sports teams, STEM, arts enrichment) and multipurpose programs that provide an array of activities.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SUPPORTING NARRATIVE:</b></p>	
<p>b. Operate in a physical environment that adequately and safely accommodates all program activities</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SUPPORTING NARRATIVE:</b></p>	
<p>c. Offer OST ongoing <b>in person</b> services and programming for afterschool and/or summer</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SUPPORTING NARRATIVE:</b></p>	
<p>d. Employ highly qualified staff members capable of developing strong, positive relationships with youth participants and are committed to professional development</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SUPPORTING NARRATIVE:</b></p>	

e. Serve children between the grades of kindergarten through 12th grade	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SUPPORTING NARRATIVE:</b>	
f. Serve the same children on an ongoing basis (typically multiple days per week)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SUPPORTING NARRATIVE:</b>	
g. Provider is responsible for supervision of children while providing services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SUPPORTING NARRATIVE:</b>	
h. Not primarily serve children on a one-on-one basis	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SUPPORTING NARRATIVE:</b>	
i. Not be an enhancement provider that provides primarily push-in/add-in services to another program	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SUPPORTING NARRATIVE:</b>	
<b>Contract termination for default in last five years?</b> <i>The cover letter shall indicate whether the contractor had any contract terminated for default in the past five years. If no such termination for default has been experienced by the prospective contractor in the past five years, this fact shall be stated in the cover letter.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Included additional documents required for submission?</b> <ul style="list-style-type: none"> <li>○ Proof of Corporate Status and Legal Address (note: from SunBiz)</li> <li>○ Proof of OST program revenue from most recent fiscal year (such as tax documents, balance sheets etc.)</li> <li>○ Copy of IRS 501(c)(3) Determination Letter (if applicable)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No