**ATTACHMENT A**

**PROPOSAL COVER SHEET FOR**

**YOUTH EMPLOYMENT PROGRAM**

**Bid No: RFP #KB01-22R**

**Name of Provider :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Include city, state and zip code***

**Contact Person :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Please Print or type name) Title***

**Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Names:** Provider must include names of individuals authorized to negotiate with HCJFS

**Person(s) authorized to negotiate with HCJFS:**

**(1) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(*Please Print) (Please Print)***

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(2) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Please Print) (Please Print)***

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCATION OF PROPOSED SERVICE: ( ) In the community ( ) at the One Stop**

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount of funds requested for the initial term: 4/1/22 – 3/31/23** | **Amount of funds requested for the 1st Renewal Term: 4/1/23 – 3/31/24** | **Amount of funds requested for the 2nd Renewal Term: 4/1/24– 3/31/25** | **Amount of funds requested for the 3rd Renewal Term: 4/1/25 – 3/31/26** |
| **Total Program expenses $\_\_\_\_\_\_**  **Estimated # of youth enrolled \_\_\_\_\_\_**  **$ Projected cost per youth $\_\_\_\_\_\_\_\_** | **Total Program expenses $\_\_\_\_\_\_**  **Estimated # of youth enrolled \_\_\_\_\_\_**  **$ Projected cost per youth $\_\_\_\_\_\_\_\_** | **Total Program expenses $\_\_\_\_\_\_**  **Estimated # of youth enrolled \_\_\_\_\_\_**  **$ Projected cost per youth $\_\_\_\_\_\_\_\_** | **Total Program expenses $\_\_\_\_\_\_**  **Estimated # of youth enrolled \_\_\_\_\_\_**  **$ Projected cost per youth $\_\_\_\_\_\_\_\_** |

**Certification:** I hereby certify the information and data contained in this proposal are true and correct. The Provider’s governing body has authorized this application and document.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature - Authorized Representative Title Date**

**Signature – Financial Officer Title Date**

**++*Please see back of form for checklist to verify everything required to be submitted is included*.**

**Proposal Submission Checklist**

**For**

**YOUTH EMPLOYMENT PROGRAM**

**Bid No: RFP KB01-22R**

Please use the checklist below to ensure all items and actions necessary to have your proposal accepted are completed.

\_\_\_\_\_\_\_\_\_\_\_ A) Registered for RFP Process on or before April 1, 2021 by

12:00 p.m.

\_\_\_\_\_\_\_\_\_\_\_ B) Proposal is to be submitted by 11:00 a.m. on April 14, 2021.

\_\_\_\_\_\_\_\_\_\_\_ C) Cover sheet is to be signed and all sections are to be completed in full, Section 2.1.

\_\_\_\_\_\_\_\_\_\_\_ D) Responses to Program Components, Section 2.2.1 are included

\_\_\_\_\_\_\_\_\_\_\_ E) Responses to System and Fiscal Administration components,

Section 2.2.2 are included.

\_\_\_\_\_\_\_\_\_\_\_ F) Budget completed correctly, Section 2.3 (hard copy included with

proposals).

\_\_\_\_\_\_\_\_\_\_\_ G) Budget Narrative explains the cost and their relationship to

proposed services. It must justify cost and give the formula by

which they were derived. All costs in the narrative should match

the line items in the budget.

\_\_\_\_\_\_\_\_\_\_\_ H) Customer Reference Letters are included, Section 2.4 (Do not

include any HCJFS Personnel).

\_\_\_\_\_\_\_\_\_\_\_ I) Personnel Qualifications are included, Section 2.5.