

**RFP Exhibit A**

**Application for Award**

Section I: Organization or Individual Applicant Information

Organization Name:

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax I.D. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**or, if applying as an Individual:**

Individual Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nondiscrimination Claim:** We certify that we, as the applicant organization, do not discriminate on the basis of race, creed, color, gender, age, sexual orientation, national origin or disability.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Certified Minority Business Enterprise****:** If yes, please attached a copy of your certification to the Application for Award.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

**Drug Free Workplace Program**: If yes, please attached a letter to the Application for Award attesting that you have implemented a Drug Free Workplace and be prepared to provide a copy of the Drug Free Workplace policy to the ELC upon request.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Section II: Background and Experience

1. **Discuss the History and Purpose of Your Organization and your prior/current experience with First Aid and CPR Training. If applying as an Individual, describe your prior/current experience with First Aid and CPR Training.**
2. **Discuss your experience and expertise in working with the target population (early care educators) on First Aid and CPR Training. Discuss if nationally accredited and certified. What guidelines are utilized for the courses?**

1. **Please provide three references and their contact phone numbers.**

Section III: Training Information

1. **Description of proposed curriculum. Indicate whether Spanish language instruction will be available. Describe the learning goals for each session. Include an explanation of the training methods.**
2. **Proposals may include one or a series of training sessions, as appropriate. Use the following chart format to list and describe each of your proposed training workshops, adding workshop titles and descriptions as needed.**

|  |  |
| --- | --- |
| **Training Title** |  |
| **Trainer(s) Name and Credentials** |  |
| **Duration of Workshop in Hours** |  |
| **# of Workshops to be Provided for this Topic (Is it a Series?)** |  |
| **Description of Workshop Content** |  |

Section IV: Cost Proposal and Training Calendar

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1. **Fixed Fee Deliverables:** The Applicant recommended for award will be paid on a Fixed Fee Deliverable basis as described below: Please complete the following **Chart** for First Aid and CPR Training Deliverables that would be delivered during the Contract Term of July 1, 2021 through June 30, 2022. As specified in the RFP, Applicants should consider all costs associated with the provision of the session(s) for the contract term when calculating the fixed fee cost per session

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contract Term – July 1, 2021 through June 30, 2022** | | | | |
| Name | Deliverable Description | Cost Per Deliverable | # of Deliverables to be Provided | Total |
| First Aid and CPR Training |  | $ |  | $ |
|  |  |  |  |  |
|  |  |  |  |  |

2. **Training Calendar:**

Provide a calendar to reflect a 1-year schedule of workshop titles to indicate the proposed date(s) and time(s) that the training will be offered that to early care educators that would provide the most access and flexibility to attend.

END OF APPLICATION