

**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 Mental Health Supports Training. If applying as an Individual, describe your prior/current experience with Mental Health Supports Training.**
2. **Discuss your experience and expertise in working with the target population (early care and education professionals) on mental health issues.**
3. **From your experience working with the target population, what do you think are the biggest challenges facing prospective early care and education professionals in providing mental health supports for young children?**
4. **How will your training address the challenges described in Question 3 and reduce barriers to student success?**
5. **Please provide three references and their contact phone #s.**

Section III: Training Information

1. **Description of proposed curriculum and/or evidence based practice to be used for training that is culturally and developmentally appropriate for the target population. Indicate whether Spanish langue instruction will be available. Describe the learning goals for each session. Include an explanation of the recommended methods (e.g., screening, assessment, consultation, treatment) to identify mental health issues. Explain your training approach to address the multi-level (beginner to advanced) needs of students. How will you connect your training to additional services available from mental health services agencies and other appropriate resources that can be used by individuals trained in mental health awareness?**
2. **Will students be able to earn Continuing Education Units (CEUs), or Course Credit, progress toward industry certification or other external recognition? Please explain.**
3. **How will you utilize local community mental health resources to enhance your workshop offerings? Also, describe any value-added services you will provide/utilize for your students, e.g., childcare center site visits, booster sessions, etc., and the benefits they bring to your proposed training program.**
4. 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 Mental Health Supports Training Deliverables that would be delivered during the Contract Term of April 1, 2021 through June 30, 2021 (3 months). 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 – April 1, 2021 through June 30, 2021 (3 months)** |
| Name | Deliverable Description | Cost Per Deliverable | # of Deliverables to be Provided | Total  |
| Mental Health Supports Training  |  | $ |  | $ |
|  |  |  |  |  |
|  |  |  |  |  |

2. **Training Calendar:**

Provide a calendar to reflect a 3-month schedule of workshop titles to indicate the proposed date(s) and time(s) that the training will be offered that offered working child care providers the most access and flexibility to attend.

 END OF APPLICATION