

RFQ: TECHNICAL ASSISTANCE & CAPACITY BUILDING COVERSHEET TEMPLATE

| APPLICANT'S CONTACT INFORMATION: | | FISCAL AGENT'S CONTACT INFORMATION (ONLY IF USING A FISCAL AGENT) | |
|---|--|---|--|
| Organization Name: | | Fiscal Agent Name: | |
| Contact Name: | | Contact Name: | |
| Title: | | Title: | |
| Street Address: | | Street Address: | |
| City & Zip Code: | | City & Zip Code: | |
| Telephone: | | Telephone: | |
| E-mail: | | E-mail: | |
| Is the organization a registered City Vendor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the fiscal agent a registered City Vendor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Organization's current annual budget | \$ | Fiscal Agent's current annual budget | \$ |

| CHECK SERVICE AREA(S) YOUR TECHNICAL ASSISTANCE, CAPACITY BUILDING AND/OR PROFESSIONAL DEVELOPMENT SERVICES WOULD ADDRESS: | |
|---|--|
| <input type="checkbox"/> Cross Cutting (applies to multiple Service Areas) <input type="checkbox"/> Educational Supports <input type="checkbox"/> Emotional Well-Being <input type="checkbox"/> Enrichment, Leadership & Skill Building (ELS) <input type="checkbox"/> Family Empowerment | <input type="checkbox"/> Justice Services <input type="checkbox"/> Mentorship <input type="checkbox"/> Out of School Time (OST) <input type="checkbox"/> Youth Workforce Development <input type="checkbox"/> Educational Supports |
| Would the Services you are proposing be able to support to DCYF University? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would the Services you are proposing be able to support to DCYF's Critical Agency Support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| APPLICANT'S EXPERIENCE & CURRENT WORK: | | | |
|--|-----------------|--|------------------------------------|
| Number of years providing technical assistance, capacity building and/or professional development services in the Service Areas checked off above: | | | |
| Is your organization currently providing technical assistance, capacity building and/or professional development services for DCYF? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is your organization <u>currently</u> providing technical assistance, capacity building and/or professional development services for other City Departments? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <i>If yes, please provide the information below for the current technical assistance, capacity building and/or professional development services you are providing to other San Francisco City Departments</i> | | | |
| CITY DEPARTMENT | CONTRACT LENGTH | CONTRACT AMOUNT | BRIEF DESCRIPTION OF SCOPE OF WORK |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |