

**REQUEST FOR PROPOSALS: SUBMISSION FORM**

<b>1. Organization Name:</b>	<b>2. Date of Request:</b>
<b>3. Organization Address:</b>	<b>4. Program Address (if different from organization):</b>
<b>5. Federal Tax ID (organization or legal entity):</b>	<b>6. Is the organization minority-owned and/or operated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. Does the organization have any connection with Philadelphia Works (including its Board of Directors or Youth Standing Committee)?</b>  <input type="checkbox"/> Yes (If yes, explain on a separate sheet.) <input type="checkbox"/> No	<b>8. Has the applicant agency and its staff or director ever been barred from entering contracts with Federal or State government agencies?</b>  <input type="checkbox"/> Yes (If yes, explain on a separate sheet.) <input type="checkbox"/> No
<b>9. Contact person (first &amp; last name):</b>	<b>10. Contract signatory (first &amp; last name):</b>
<b>7a. Contact title:</b>	<b>8a. Signatory title:</b>
<b>7b. Contact phone:</b>	<b>8b. Signatory phone:</b>
<b>7c. Contact email:</b>	<b>8c. Signatory email:</b>
<b>11. Project Title:</b> <i>Career Connected Learning - Capacity Building Provider</i>	<b>12. Amount Requested:</b> \$

- 13. Proposal Checklist:**
- **Submission Form**
  - **Attachment 1 - Program Narrative**
  - **Attachment 2 - Technical, Administrative, and Fiscal Capacity**
  - **Attachment 3 - Line-Item Budget & Narrative**
  - **Attachment 4 - Organization Charts & Strategic Plan**
  - **Attachment 5 - IRS Determination Letter & Audited Financial Statements**

**APPLICANT'S CERTIFICATION**

I certify that all the information provided in this application is both complete and accurate to the best of my knowledge. I also understand that if selected as a provider, I will be required to submit further detailed program and budget information.

\_\_\_\_\_  
**Authorized Agency Representative Signature & Title** \_\_\_\_\_  
**Date**