



How to Submit Your Application

<p>RFPs must be received by mail or in person to the Department no later than 4:30pm on Friday, May 15, 2009 at the following address:</p> <p>Mail to: Seattle Parks and Recreation, Out of School Time Office, 8061 Densmore Avenue N. Seattle, WA 98103 Hand delivery/FedEx/UPS: 8061 Densmore Avenue N. Seattle, WA 98103</p>		
<p>Contact & Project Information (please be as complete and specific as possible)</p>		
<p>Legal Name of (individual or organization):</p>		
<p><input type="checkbox"/> Are you applying with a fiscal sponsor? If yes, NAME:</p>		
<p>Project Contact Person:</p>		<p>Title:</p>
<p>Address:</p>		
<p>City:</p>	<p>State:</p>	<p>Zip:</p>
<p>Phone (work or daytime): ()</p>		<p>E-mail:</p>
<p>Person who will sign application, contract, invoice ("Authorized Representative") if different from Applicant or Contact person:</p>		
<p>Name:</p>		<p>Title/Relationship to Project:</p>
<p>Tax Identification # (organization):</p>	<p>(Individuals will be asked for a Social Security # if funded.)</p>	
<p>Does your organization have a current City of Seattle business license (provide copy)? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Does this project require insurance? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	
<p>Are you a previous Summer Art in the Park Provider? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>If yes, what park?</p>	
<p>Project Title:</p>		<p>Amount Requested: \$</p>
<p>Does this project represent any underserved group(s) or community of interest? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>If yes, please name:</p>	
<p>How long has this organization run programs that you propose to property on Dept. property?</p>		

Description of Project Tell us about your project, opportunity or event. List key activities and goals.

Type of Organization

Specify if the organization is a corporation, partnership, sole proprietorship, joint venture, etc. Explain any details or factors that are needed to clarify your organization and financial structure.

Tell us about how your project will fulfill one or more of the following (You do not have to respond to all):

- Promote cross-cultural experiences
- Build on-going participation
- Expand participation/audience for arts/culture
- Serve under-represented artists, cultural groups
- Build community relations through arts/culture
- Meet a community need or goal through arts/culture

Experience in business practices and program development and implementation

Describe the services. For example, type of services, curriculum, culturally relevant programs, academic enhancements, unique challenges, etc. Tell us why you believe you can complete this project. (May include qualifications, past success, strong partnerships or supporters, taking advantage of an existing event, etc.) List key participants or partners.

Financial Capacity

In the space provided below please describe your ability to financially sustain the implementation of your proposed program given the payment information provided in this RFP.

Summary of Proposed Services

Describe the services proposed for serving the visitors to the park(s) you're proposing to locate in. Include the following:

- -the type and features of the program to be offered
- -proposed hours and days of operation
- -services needed by the Parks Department in order to run your program
- -highlight your services and business philosophy

*****Attach your completed weekly curriculum plan**

****Optional, but Strongly Encouraged** – You may attach no more than two (2) pieces of supporting material – such as a sample of artistic work, brochure, newsletter, past review, support letters – to your completed application. Do not include materials that have no bearing on your response to this RFP. If pictures, brochures, flyers, etc are enclosed, then please be certain that the direct connection between these enclosures and to the proposed services for the dept. is clearly explained.

Client or Business Reference (3 client or business references must be included with RFP):

Insert information about programs that you have operated.

Name of Organization		
Name of client contact person:		Title:
Address:		
City:	State:	Zip:
Phone (work or daytime): ()	E-mail:	
# of years your organization has served this client: _____ year(s)		
Describe the services. For example, type of services, curriculum, culturally relevant programs, academic enhancements, unique challenges, etc.		

Name of Organization		
Name of client contact person:		Title:
Address:		
City:	State:	Zip:
Phone (work or daytime): ()	E-mail:	
# of years your organization has served this client: _____ year(s)		
Describe the services. For example, type of services, curriculum, culturally relevant programs, academic enhancements, unique challenges, etc.		

Name of Organization		
Name of client contact person:		Title:
Address:		
City:	State:	Zip:
Phone (work or daytime): ()	E-mail:	
# of years your organization has served this client: _____ year(s)		
Describe the services. For example, type of services, curriculum, culturally relevant programs, academic enhancements, unique challenges, etc.		

Financial Proposal

Having availed yourself of the opportunity to thoroughly read the enclosed contract and RFP documents; asked the Department questions about any of the terms, conditions or responsibilities that were not clear to you; visited the proposed sites; sought legal and financial advice as needed; researched the applicable laws, ordinances, statutes and regulations, and based on your expert experience in business; you make the following firm and irrevocable offer to offer services as follows:

I/WE shall make a total bid to the Department of _____ for the season at the following Park (check ONLY 1 PARK location)

____ Othello Playground- 4351 S. Othello St. ____ Judkins Playground-2150 S. Norman St.

____ Brighton Playfield- 6000 39th Ave. S.

____ Maplewood Playfield 4801 Corson Ave. S.

Submitted by _____
(Name of organization submitting this Proposal)

By signing, I declare that the above information is true and accurate to the best of my knowledge.	
_____	_____
Signature of Applicant or Authorized Representative	Date
<small>(This should be the person who will sign contract and invoice on behalf of project.)</small>	

Print Name: _____

Title: _____

<p>An individual who is legally empowered to bind the organization that is submitting this Proposal must sign in the space provided immediately above.</p>
