

### How to Submit Your Application

Proposals must be **received** by email, mail, or in person by Friday, April 26<sup>th</sup>. More information on each submission method is below.

Email	Mail	In Person
Email to <a href="mailto:connor.durham@seattle.gov">connor.durham@seattle.gov</a> as an attached document with "Summer ERP Grant Submission" in subject line.	City of Seattle, Dept. of Parks & Recreation Out of School Time Office Attn: Connor Durham 4209 W Marginal Way SW Seattle, Washington 98106	City of Seattle, Dept. of Parks & Recreation Out of School Time Office Attn: Connor Durham 4209 W Marginal Way SW Seattle, Washington 98106
<b>Must be received by Friday, April 26<sup>th</sup> at 5pm.</b>	<b>Must be postmarked by Friday, April 26<sup>th</sup>.</b>	<b>Must be received by Friday, April 26<sup>th</sup> at 5pm.</b>

If you need further assistance, please email Connor Durham, Senior Recreation Specialist at [connor.durham@seattle.gov](mailto:connor.durham@seattle.gov) or call 206-615-0303.

<b>Contact &amp; Project Information</b> (please be as complete and specific as possible)		
Legal Name of (individual or organization):		
<input type="checkbox"/> Are you applying with a fiscal sponsor? If yes, NAME:		
Project Contact Person		Title:
Address:		
City:	State:	Zip:
Phone (work or daytime): ( )		E-mail:
Person who will sign application, contract, invoice ("Authorized Representative") if different from Applicant or Contact person: Name: Title/Relationship to Project:		
Tax Identification # (organization):		(Individuals will be asked for a Social Security # if funded.)
Does your organization have a current City of Seattle business license (provide copy)? <input type="checkbox"/> yes <input type="checkbox"/> no		Does this project require insurance? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you a previous Summer Expanded Recreation Program Provider? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, what park?
Project Title:		Amount Requested: \$
Does this project represent any underserved group(s) or community of interest? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, please name:
Which park(s) do you propose to offer programs?		

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

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**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 youth
- Physically Active programs
- Environmental conscious and/or Environmental Education programs

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**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.

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**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.

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**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**

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**\*\*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.



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**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.		

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**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 services as follows:

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**

(This should be the person who will sign contract and invoice on behalf of project.)

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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