



**SERVICE / PROGRAM PROVIDER APPLICATION**

**Instructions**

1. Please PRINT applicant information on Service/Program Application Form.
2. Please type and single-space all proposals.
3. Please submit proposal electronically (via email) to MHAProcurement@morristownha.com.
4. Please do not include any materials other than those specifically requested.
5. Please do not submit videos, DVDs or CDs unless requested.

**Attachment Checklist**

 [ ]  Program Structure along with resumes of key staff

 [ ]  Licenses/Certifications (Related to Service/Program)

 [ ]  Operating Budget/Expense Statement for Proposed Service/Program

 [ ]  Most Recent Organizational Financial Statement (Audited if available)

 [ ]  Annual Report, if applicable

 [ ]  Results of Recent Background Check(s) for staff and volunteers (**no later than 1 year**)

 [ ]  Proof of Non-Profit status (copy of 501c3 IRS determination letter)

**PROGRAM APPLICATION** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-profit organization: [ ]  Yes [ ]  No

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Business) (Cell)

**Program/Service (Please Check All That Apply and List Description)**

 [ ]  Multimedia

 [ ]  Martial Arts

 [ ]  Sports

 [ ]  Visual Arts

 [ ]  Creative Arts

 [ ]  Music Production

 [ ]  Workshop/Seminars

 [ ]  Other

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1. **PROPOSAL SUMMARY** (one page – ***maximum***)

In a short paragraph, summarize information on the organization and proposed program.

1. **Organization**
2. A brief description of the history ***and*** mission or vision.
3. Please outline any program accomplishments.
4. Please note any formal and/or informal collaboration (if any) with other organizations to conduct proposed program.
5. **Proposed Service/Program** – Please describe:
	1. The primary purpose of the program and the need or problem that the program addresses.
	2. An outline of program or service goals.
	3. Any specific demographic to be served by the program and how this population will benefit.
	4. Recruitment strategies to market the program.
	5. The proposed staffing pattern for the project, along with the names and titles of the individuals who will manage the program.
	6. Anticipated length of the program. Proposed dates or days and times for the program.
	7. Fee (if any) for participants in the program.

If there are no participant fees state “None”.

* 1. Specific program support request of the MHA. (i.e., materials, space needs, electronics, etc.)
1. **Outcomes** – Please explain how you will measure the effectiveness of program.
2. Describe any State and/or Federal regulations related to conducting specific program or service.
3. Contact information for at least three (3) people/organizations for references.

**ATTACHMENTS** – Please submit the following supporting documents with your proposal.

* 1. Resumes of key staff.
	2. Copy of Certifications/Licenses related to proposed service/program.
	3. Organization’s current year operating budget/expense statement.
	4. Organization’s most recent financial statement. (Audited if available)
	5. Organization’s most recent annual report. (If available).
	6. Results from background check for all staff and volunteers associated with program.
	7. Proof of Non-Profit Status (Copy of 501c3 IRS Determination Letter).

The Application / Proposal Review Committee will evaluate based on the following criteria:

|  |  |
| --- | --- |
| **Criteria** | **Weight** |
| 1. Capacity, qualification, professional competence and experience of instructors concerning the proposed program. Program accomplishments/highlights.
 | 30% |
| 1. Strength of Proposed Program

Level of program specifics in proposal, i.e. program’s description, sustainable funding source for program, staffing levels, scheduling, available materials (resources), etc.  | 25% |
| 1. Appropriate License and/or Certification or level of experience
 | 20% |
| 1. References

Three references citing comparable work by the organization or individual. | 15% |
| 1. Program presentation/Interview
 | 10% |
| **Total Points**  | 100% |

*Submission of this application and/or proposal does not guarantee acceptance of service/program.*