

CHILDREN & YOUTH PARTNERSHIP FOR DARE COUNTY INSTRUCTIONS FOR PROPOSALS

One original and one copy should be submitted. The proposal package consists of the following:

1. Cover letter that is signed and dated by an individual authorized to legally bind the applicant's organization.
2. The application form signed and dated.
3. A proposal narrative:
 - Describe how the tasks outlined in the Scope of Services section will be accomplished. How will you meet program objectives?
 - What experience do you or your organization have with this type of activity? What can you or your organization bring to this project that others cannot?
 - Who will be involved in the supervision and implementation of this activity?
 - Who will handle the financial aspects of the project?
4. A budget proposal for each year requested in the scope of services.
5. Resume of parties who will work on the proposal
6. References
7. Any additional materials that support the application

Completed proposals are due by 5:00 pm, May 23, 2022, and should be mailed or delivered to:

**Children & Youth Partnership for Dare County
534 Ananias Dare Street
Manteo, NC 27954**

The contract will be awarded to the organization, group, or individual submitting the best responsible application complying with the requirements of the Request for Proposal (RFP), provided the application is reasonable and is in the best interest of the Partnership to accept. The applicant selected will be notified at the earliest practical date. The decision regarding the acceptability of any application shall remain entirely with the Children & Youth Partnership for Dare County. The criteria for making this judgment will include but not be limited to demonstrated capacity and general responsiveness to the RFP. For further information or assistance, please call (252) 441-0614.

Attached:
Proposal Specifications



Children & Youth Partnership

FOR DARE COUNTY

Ensuring that our children, youth, families, and community all thrive.

Proposal Application

Project Title: _____

Name of Organization: _____

Street Address/Post Office Box: _____

City: _____

County: _____ State/Zip: _____

Contact Person: Name & Title: _____

Address: _____

Telephone: _____

Fax: _____ Email: _____

Federal Tax Identification Number or Social Security Number: _____

Type of Organization:

Private

Non-profit

501(c) 3

Other, please specify _____

For profit

Public Agency

Project Beginning Date: _____ Project Ending Date: _____

Budget (FY2021/22): _____

Budget (FY2022/23): _____

Budget (FY2023/24): _____

Total Budget: _____

Authorizing Signature

Title

Date