

ATTACHMENT A Proposal Submittal Form

INSTRUCTIONS: Applicants must complete and submit this Proposal Submittal Form signed and dated by the agency's Authorizing Official.

Section 1: Organization Information
Applicant's Legal Entity Name:
Business Name (DBA), if applicable:
Year Established:
EIN/Tax ID:
Address 1:
Address 2:
City, State & Zip Code:

Section 2: Point of Contact
Contact Person for this Proposal:
Title:
Contact Phone:
Contact Email:

Section 3: Eligibility		
Please respond to the questions below to confirm that your organization meets the minimum eligibility requirements for this RFP:		
	Yes	No
1. Is your organization tax exempt under 501(c)(3) of the Internal Revenue Code?		
2. Does your organization possess an Article 31 license under the New York State Mental Hygiene Law to open a clinic and provide treatment services? Pursuant to Section 41.03 (3) and 41.03 (12) of the New York State Mental Hygiene Law, an Article 31 license is required for entities to provide services at a school based mental health clinic.		
3. Is your organization currently operating an Article 31 PAR clinic with a New York City public school?		

<p>4. Does your organization have a minimum of three (3) years of successful experience providing services of a similar nature and scope as those required in this RFP, preferably in an urban setting, to a large, socioeconomically and culturally diverse school, school system(s) and/or community-based organization(s)?</p>		
<p>5. Is your organization physically located within the five (5) boroughs of New York City?</p>		

Section 4: Proposal Information

Please identify the school cluster your organization is proposing to serve (only one may be selected):

Cluster 1 (Bronx)

Cluster 2 (Brooklyn)

Cluster 3 (Queens)

Cluster 4 (Staten Island)

Total Proposed Budget
\$

Please confirm the following required elements have been included as part of your proposal:

- Proposal Narrative including:
 - Organizational Experience and Capacity
 - Organization-level Org. Chart
 - Project-level Org. Chart
 - Program Plan
 - Demonstrated Effectiveness
- Line-item Project Budget
- Budget Justification
- Sustainability Plan
- 3 Letters of Reference
- IRS Form W-9

Section 5: Certifications

I, as an authorized representative of this applicant organization, have read this application and confirm the accuracy of the representations made herein. I also confirm the organization meets the eligibility criteria, as set forth in the request for proposal (RFP) and is fully able and willing to carry out the terms of the project.

Signature of Authorizing Official Date

Printed Name and Title