**Lead Applicant:** Click or tap here to enter text.

**Indicate Area to be served (Select one or both):** Allegheny County City of Pittsburgh

1. **Contact Information**

Organization Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Principal Contact Person: Click or tap here to enter text. Title: Click or tap here to enter text.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Click or tap here to enter text.

Fiscal Contact Person: Click or tap here to enter text. Title: Click or tap here to enter text.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Click or tap here to enter text.

Executive Director: Click or tap here to enter text.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Click or tap here to enter text.

1. **Legal Information**

Type of organization: For-profit:  Non-Profit:  Government or School District:

Federal Employer Identification Number (FEIN): Click or tap here to enter text.

Please provide your current [DUNS Number](https://www.dnb.com/duns-number/get-a-duns.html): Click or tap here to enter text.

Please provide your current [CAGE Code](https://cage.dla.mil/): Click or tap here to enter text.

1. **Short Executive Summary** *(this information may be published if program is funded – max 100 words)*

Click here to enter text.

1. **Requirements / Documents** *(proposals submitted without these documents will be considered incomplete, please see associated links for more information and instructions as to how to acquire them) Please note that a single copy of all requirements below must be submitted for EACH Partner, in addition to the lead applicant (if applicable)*

* Registration in the [System for Award Management](https://www.sam.gov/SAM/) (SAM)
* Completed Pre-award Assessment ([complete online](https://www.surveymonkey.com/r/ZKN2B6W))
* Most recent financial audit
* Certificate of Liability Insurance
* Certificate of Worker’s Compensation Insurance
* W9

1. **Budget Information**

**Budget Summary:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Allegheny County** | **City of Pittsburgh** | **Total** |
| **Total Amount Requested** |  |  |  |
| **Number of Participants to be served** |  |  |  |

**Leveraged Funds:**

Please list all other sources of funding that will support your proposed program, if applicable.

|  |  |
| --- | --- |
| **Funding Source** | **Amount** |
|  | $0.00 |
|  |  |
|  |  |
|  |  |
|  |  |
|  | ***Total*** |
|  |  |

Our organization understands that this program operates on a reimbursement model, and we are prepared to front costs related to said program until requirements for reimbursement are met and funds are available for reimbursement.

Initial: \_\_\_\_\_

**Proposed Summer Work Experiences**

Please complete a separate page for each distinct program model you will offer. For example, if you are offering a Work-Study program and an Entrepreneurship program, you should list each opportunity separately.

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Model:** | Traditional Summer Job  Career Exploration  Service-Learning  Work-Study/College Readiness  Entrepreneurship  Other (Describe): | | |
| **Learning Outcomes:** |  | | |
| **Number of Jobs to be Offered per Skill Level:** | **Beginner** | **Intermediate** | **Advanced** |
|  |  |  |
| **Career Pathways**  **(Check all that apply)** | Arts, Entertainment, and Recreation  Community and Human Services  Culinary Arts and Hospitality  Education  Finance, Insurance, and Entrepreneurship  Government  Health Care  Labor and Trades  Marketing, Advertising, and Graphic Design  Park Management and Public Works  STEM: Science, Technology, Engineering, Math | | |
| **Geographic Locations:**  **(Please be as specific as possible, listing by neighborhood and ZIP code)** |  | | |
| **Worksite Partners:** |  | | |
| **Target Population:** |  | | |