Only one application per Agency is required.

**Agency**:       **Email:**

**Address/City/Zip**:

**Phone**:       **Fax:**

**Billing Address/City/Zip (if different than above)**:

**State Employer Tax ID #: Agency Unique Entity ID# (if applicable):**

**Organization Type:**

 [ ]  Private Not-For-Profit

 [ ]  Private For-Profit

 [ ]  Public Non-Profit

1. **Subject Area Expertise (refer to Attachment 1 – check all that apply):**

[ ]  Computer applications

[ ]  Statewide applications used in Human Services programs

[ ]  Building job-related skills and competencies

[ ]  Safety and safety practices

[ ]  Non-supervisory lead positions in public-sector Human Services context

[ ]  Effective supervision in public-sector Human Services context

[ ]  Effective management in public-sector Human Services context

[ ]  Racial equity, diversity, inclusion and belonging

[ ]  Responding to trauma and its effects

[ ]  Topics of specific interest to Family, Youth & Children Division

[ ]  Topics of specific interest to Adult & Aging Division

[ ]  Topics of specific interest to Employment & Training Division

[ ]  Topics of specific interest to Economic Assistance Division

[ ]  Topics of specific interest to the Staff Development Unit

[ ]  Additional topics not mentioned above

Specify Subject Area(s):

1. **List the trainings topics your Agency can provide for each area of expertise checked above.**

1. **Capacity to provide Services Required (refer to Attachment 1 – check all that apply):**

[ ]  Training

[ ]  Facilitation

[ ]  Curricula and Content Development

[ ]  E-Learning Development

[ ]  Coaching

[ ]  Organizational Assessment

[ ]  Consultation

1. **Education**

List the educational background of Agency personnel as it relates to providing Professional Development and Organizational Development Services, with special emphasis on the expertise in the Subject Areas and Services required checked above.

1. **Experience**

Please list and briefly describe your Agency’s experience as it relates to providing Professional Development and Organizational Development Services, with special emphasis on the Agency’s experience in the Subject Areas and Services Required checked above. In your response, detail whether services were provided in-person or virtually (using video-conferencing applications).

1. **Fees for Services/Other Costs**

Please list your fees for services. For each service offered, please specify day rate, half-day rate and hourly rate. If your fees for services excludes certain costs, such as travel costs, provide a detailed list of excluded costs with a complete explanation of the nature of each cost.

1. **Resume or Curriculum Vitae**

[ ]  Current resumes or curriculum vitae for Agency personnel are attached to this application.

1. **Relevant License or Certification**

[ ]  Copies of relevant licenses or certifications for Agency personnel are attached to this application.

**Certification**

*To the best of my knowledge and belief, all information in this application is true and correct. The Respondent and/or Cosigner will comply with all of the requirements of the Request for Applications and, if selected, the subsequent contract.*

*Signature:* *Date:*

*Printed Name/Title:*

**Please include the following with your Application:**

1. Signed Application
2. Answers to the supplemental questions 1-8
3. Current resumes or curriculum vitae for Agency personnel
4. Any relevant licenses or certifications for Agency personnel

**Email completed Application packet to:** **hstraining@schsd.org**