**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:** |  |