

Section 1: Coversheet and Contact Information

The contact information provided will be used by the Commission to communicate with applicants.

1. Please check this box to indicate that this is a valid application submission. All applications with this box not checked or with apparent "dummy" or "test" information will be deleted at the end of each day up until application deadline in order to maintain a clean submission list.

This is a valid application submission. Do not delete.

* 2. Name of Applicant/Organization

* 3. Applicant Primary Contact Person Name

* 4. Primary Contact Person Email

* 5. Primary Contact Person Phone Number (please use xxx-xxx-xxxx format)

6. Applicant Secondary Contact Person Name

7. Secondary Contact Person Email

8. Secondary Contact Person Phone Number (please use xxx-xxx-xxxx format)

* 9. Entity type - please select one response that is best fit. (This will not factor into minimum eligibility or scoring; it is only for organizational purpo:

Other (please specify)

Section 2: Verification of Minimum Eligibility

Provide complete responses to verification questions, including Physical Presence in a state eligible for contracting with City and County of San Francisco, a minimum of two years previous experience in TA and training in the early childhood education sector, and confirmation of willingness to pursue City-Approved Vendor Status, TB Clearance, and/or fingerprinting clearance.

* 10. Physical Address: Applicant must have a physical address in state eligible to contract with the City and County of San Francisco.

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

* 11. If located outside of San Francisco County, please briefly affirm willingness and describe capacity to provide in-person services in San Francisco county.

* 12. Please enter number of years directly providing training, technical assistance, coaching, rating, and/or professional development for the early care and education and/or early childhood sector.

Note: Years of experience and references must be demonstrative of and specific to the delivery of training, technical assistance, coaching, rating and/or professional development, rather than early childhood or early care and education experience in general.

* 13. Reference Organization #1: Please submit contact information for a minimum of one reference that can confirm above years of experience. Together, one or multiple, references should provide evidence of at least two years prior experience providing direct training and technical assistance for the early care and education and/or early childhood sector (Additional space for references has been provided below, if needed).

Lead Contact Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 14. Provide a date duration (i.e. from x year to x year) for training, technical assistance, coaching, professional development, and/or rating work with reference organization #1.

15. Reference Organization #2: Additional reference, if needed, that confirms at least two years prior experience providing training and technical assistance for the early care and education and/or early childhood sector.

Lead Contact Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

16. Provide a date duration (i.e. from x year to x year) for training, technical assistance, coaching, professional development, and/or rating work with reference organization #2.

17. Reference Organization #3: Additional reference, if needed, that confirms at least two years prior experience providing training and technical assistance for the early care and education and/or early childhood sector.

Lead Contact Name

Company

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

18. Provide a date duration (i.e. from x year to x year) for training, technical assistance, coaching, professional development, and/or rating work with reference organization #3.

19. If above reference space was not sufficient to demonstrate two years prior experience, please add a note here confirming that additional references are available upon request.

* 20. Is your organization/entity currently a City-approved supplier/vendor?

Yes

No

21. If yes, please enter City-approved supplier/vendor ID.

22. If no, please use this check box to confirm that applicant is willing to become a City-approved supplier/vendor within 45 days of award notice.

Applicant confirms willingness to become a City-approved supplier/vendor within 45 days of award notice and understands that a final contract cannot be executed without a city-approved supplier/vendor number.

* 23. Please use this check box to confirm that applicant is willing to obtain necessary TB and fingerprinting clearance by the time of contract execution.

Applicant confirms willingness to obtain necessary TB and fingerprinting clearance by the time of contract execution.

Section 3a: Experience and Capacity - Selection of Content Area Expertise and Project Descriptions

Please select as many content areas of expertise, modalities, and settings as apply in the questions that follow. However, please also note that you will be asked for 1-2 project descriptions for each Core Area that illustrate selected experience and expertise. Scoring will be based on the extent to which project descriptions match the selected content areas of expertise, modalities, and settings for each Core Area.

* 24. Please check content areas of expertise for Core Area 1: Child Development and School Readiness.

- Infant/Toddler and Preschool Learning Foundations and Curriculum Frameworks
- California Collaborative for the Social-Emotional Foundations of Early Learning (CCSEFEL)
- Health and Nutrition (USDA Child and Adult Food Program), physical education/activity, and tobacco cessation training
- Inclusion (Universal Design)
- Child Observational Assessments (DRDP System)
- Developmental & Health Screenings (ASQ & ASQ SE)
- Other

Other (please specify)

* 25. Please check modalities of expertise for Core Area 1: Child Development and School Readiness.

- Large and Small Group Training and Workshops
- Facilitation of Professional Learning Communities and Cohorts
- Facilitation of Leadership Development Cohorts
- Practice-based Coaching
- On-site consultation
- Rating/Assessment
- Other

Other (please specify)

* 26. Please check early childhood settings where Core Area 1 expertise has been applied.

- Center-based early care and education sites
- Family Child Care Homes
- Family Friend and Neighbor Programs
- Family Resource Centers
- Other

Other (please specify)

* 27. Please include 1-2 project descriptions that illustrate selected content areas of expertise, modalities, and settings for Core Area 1.

28. Please feel free to upload additional documentation here to accompany your project descriptions (will except one PDF file).

No file chosen

* 29. Please check content areas of expertise for Core Area 2: Teachers and Teaching.

- CLASS or PITC Program Assessment Rating Scale (PARS)
- Teaching For Equity and Diversity
- Ant-bias and anti-racism
- Dual Language Learning Personalized Oral Language Learning Approach
- In-depth Empathy Training
- Lead Teacher/FCCH Owner Education and Professional Development
- Classroom Assessment Scoring System (CLASS) Assessments
- Other

Other (please specify)

* 30. Please check modalities of expertise for Core Area 2: Teachers and Teaching.

- Large and Small Group Training and Workshops
- Facilitation of Professional Learning Communities and Cohorts
- Facilitation of Leadership Development Cohorts
- Practice-based Coaching
- On-site consultation
- Rating/Assessment
- Other

Other (please specify)

* 31. Please check early childhood settings where Core Area 2 expertise has been applied.

- Center-based early care and education sites
- Family Child Care Homes
- Family Friend and Neighbor Programs
- Family Resource Centers
- Other

Other (please specify)

* 32. Please include 1-2 project descriptions that illustrate selected content areas of expertise, modalities, and settings for Core Area 2.

33. Please feel free to upload additional documentation here to accompany your project descriptions (will except one PDF file).

Choose File

Choose File

No file chosen

* 34. Please check content areas of expertise for Core Area 3: Program and Environment.

- Program Administrative Scale (PAS) or Business Administrative Scale (BAS)
- FCC Business Development Center-based Administrative Leadership
- Connecting Children to Nature/Outdoor environments
- Family Engagement
- Strengthening Families / Protective Factors
- Environment Rating Scales (ERS)
- Early learning environments and classroom design
- Ratios and group size
- Other

Other (please specify)

* 35. Please check modalities of expertise for Core Area 3: Program and Environment.

- Large and Small Group Training and Workshops
- Facilitation of Professional Learning Communities and Cohorts
- Facilitation of Leadership Development Cohorts
- Practice-based Coaching
- On-site consultation
- Rating/Assessment
- Other

Other (please specify)

* 36. Please check early childhood settings where Core Area 3 expertise has been applied.

- Center-based early care and education sites
- Family Child Care Homes
- Family Friend and Neighbor Programs
- Family Resource Centers
- Other

Other (please specify)

* 37. Please include 1-2 project descriptions that illustrate selected content areas of expertise, modalities, and settings for Core Area 3.

38. Please feel free to upload additional documentation here to accompany your project descriptions (will except one PDF file).

Choose File

Choose File

No file chosen

Section 3b: Experience and Capacity - General

Please use the questions below to describe general capacity for collaboration, tracking and data collection, and financial management.

* 39. Describe experience and capacity to collaborate with other partners and with organizations.

* 40. Describe experience and capacity to perform tracking, data collection, reporting and other administrative tasks.

* 41. Describe experience and ability to manage financial aspects of a project and stay within allowable and unallowable costs.



Section 4: Staffing Expertise and Qualifications

Space has been provided below to demonstrate the specific experience and qualifications of core project staff. At a minimum please include one key staff of project. Experience and qualifications of project staff should also match content areas of expertise, modalities and settings selected in the previous section.

* 42. Key Staff of Project 1 (upload resume at end of section)

First and Last Name

Title

Brief Description of Role and Qualifications

43. Please use this space to provide additional detail on qualifications for Key Staff 1.

44. Key Staff of Project 2 (upload resume at end of section)

First and Last Name

Title

Brief Description of Role and Qualifications

45. Please use this space to provide additional detail on qualifications for Key Staff 2.

46. Key Staff of Project 3 (upload resume at end of section)

First and Last Name

Title

Brief Description of Role and Qualifications

47. Please use this space to provide additional detail on qualifications for Key Staff 3.

48. Key Staff of Project 4 (upload resume at end of section)

First and Last Name

Title

Brief Description of Role and Qualifications

49. Please use this space to provide additional detail on qualifications for Key Staff 4.

50. Key Staff of Project 5 (upload resume at end of section)

First and Last Name

Title

Brief Description of Role
and Qualifications

51. Please use this space to provide additional detail on qualifications for Key Staff 5.

* 52. Please provide a detailed response of staff/specialists' articulated racial equity stance and demonstrated ability to provide linguistically, ethnically, and culturally concordant training and technical assistance to San Francisco's diverse workforce. Include personal, lived, and/or professional experience with Black, Indigenous, People of Color and other historically marginalized and oppressed populations. Include also demonstrated experience and ability to challenge racism in all its forms, as well as understanding of the impact of systemic racism and its effects in the early childhood system.

Required Attachments

The two questions below ask for upload of required attachments. Attachments must be uploaded for your application to be considered complete. Please upload all attachments in PDF format.

* 53. Resumes of Key Staff - Required Attachment A

Include resumes of key staff listed in this application. These documents should provide sufficient detail to permit Commission staff to assess how their experience will contribute to the project's objectives. These should all be put into a single PDF and labeled as "Required Attachment A - Staffing with Applicant Name".

No file chosen

* 54. Signature Page Form (Appendix C of Application) - Required Attachment B

Signature Page Form (Appendix C of Application) provided. Appendix C can be downloaded at www.first5sf.org. Print, sign, scan and label as "Required Attachment B - Signature Page Form with Applicant Name".

No file chosen

Optional Financial Attachments

Use the questions below to upload the listed additional financial attachments if applicable. Attachments should be labeled accordingly and uploaded in PDF format.

* 55. IRS 501(c)(3) Letter of Determination - Optional Attachment C

Please put into PDF and label as "Optional Attachment C - IRS 501(c)(3) Letter of Determination with Applicant Name".

Choose File

Choose File

No file chosen

56. Form 990 - Optional Attachment D

Please put into PDF and label as "Optional Attachment D - Form 990 with Applicant Agency Name".

Choose File

Choose File

No file chosen

57. Most recent audited financial statement - Optional Attachment E

Please put into PDF and label as "Optional Attachment E - Audited Financial Statement with Applicant Name".

Choose File

Choose File

No file chosen

58. Global agency budget - Optional Attachment F

Please put into PDF and label as "Optional Attachment F - Global Agency Budget with Applicant Name".

Choose File

Choose File

No file chosen

Final Submission Confirmation

Thank you for completing this application. Please check the box below to confirm your application is complete and accurate and should be considered as a final submission.

* 59. Submission Confirmation

This application is complete and accurate and can be confirmed as a final submission.