

## **Request for Statement of Qualifications for**

# **Expanded Learning Programs**

Deadline for Response: 5:00pm, January 31, 2024

Contact: <u>Tina Alvarez-Bevens, Contract Analyst</u>

Sacramento City Unified School District

5735 47<sup>th</sup> Avenue, Sacramento, CA 95824

Telephone: (916) 643-2464

Email: <u>Tina-Alvarez-Bevens@scusd.edu</u>

Webpage: www.scusd.edu/rfp

# **Table of Contents**

	-
_	
	Appendices
_	

Request for Statement of Qualifications for Expanded Learning Prog
--

I. <u>INTRODUCTION</u>

•

**Background** 

### II. <u>INSTRUCTIONS</u>

Tina-Alvarez-

	Thursday, January 25, 2024 at 2:00 p.m.
Please note:	——————————————————————————————————————
Do not contact or solicit schools Contracts Office.	regarding this RFQ. All questions must come through the

# III. <u>ELIGIBLE AGENCIES</u>

## IV. AWARD AMOUNTS AND DURATION

Time Period:

•	
•	Aspects of reporting are subject to change based on state requirements
•	

•

#### VI. PROGRAM ELEMENTS

	•
VII.	CONTENTS FOR STATEMENT OF QUALIFICATIONS
follo	Statement of Qualifications that do not adhere to the wing format will be disqualified.
	<b>3</b>
A	
В. С.	
	Need for Program:
	Program Design:
	Program Description

•

**Elements of High-Quality Programming** 

#### **Success and Sustainability:**

**Record of Success** 

# Appendix A

Deadline for Submittal: January 31, 2024					
PLEASE CIRCLE WHICH SEGMENT(S) YOUR PROGRAM IS FOR:					
ELEMENTARY SCHOOL(S)	MIDDLE SCHOOL(S)	HIGH SCHOOL(S)			
Organization:					
Grant Contact Person:					
Address:	City, State & Zip:				
Telephone:	_ Email Address:				
Authorized Signature: (Sign in blue ink)	Date:				
Email:					
Telephone:	<del></del>				
Address:					

#### Appendix B

Program Plan				
The agency will comply and work collaboratively with SCUSD to uphold certified assurances.				
Authorized Signat	ure:		Date:	

#### Appendix C

#### **PROGRAM GOALS**

statistical & measurable

## Appendix D

#### **SCUSD Qualified Providers List**

.

\_

•

•

•

•

•

•