



Justin Elicker
Mayor

Youth and Recreation Department

165 Church St.
New Haven, CT 06510
203|946|7582



Gwendolyn B. Williams
Director

New Haven Youth & Community Center Space Request (non-fiscal)

The City of New Haven's Youth and Recreation Department (YARD) in conjunction with Elderly Services Department seek New Haven-based non-profit organizations to provide a variety of community programming in Youth and Community Centers around the City. Spaces currently available:

- **Atwater Community Center** 26 Atwater Street, New Haven CT 06513
- **Barnard School** 200 Derby Ave New Haven CT 06511
- **Coogan Pavilion** Edgewood Park, New Haven CT 06515
- **East Rock Nature Center** 41 Cold Spring St New Haven, CT 06511

The goal of this opportunity is to provide youth, families, and seniors with new opportunities to learn and provide meaningful activities. This Request for Proposal is not to financially subsidize existing budgets of applicant.

Final space and usage time will be negotiated based on request. Programs encourage to have Saturday programming.

Please be aware of the following:

- There will not be financial compensation associated with this Request for Proposal
- Organizations will be allowed to use a Park Facility free of charge in lieu of programming being provided by the applicant.
- YARD will determine the location of programming and provide appropriate facilities to implement the programming.
- Minimum participants to be served is twenty-five (25).
- Applicants must also have demonstrated experience in programming.
- Programming must occur minimum of three (3) times per week – exceptions during holiday weeks
- Encouraging programming to occur on Saturday
- Closing out of programming must have a final event to display culmination of learning through the program.
- Organizations will not have permanent residency in Youth and Recreation facilities. Program materials are the responsibility of the applicant.
- Organizations **MUST** have and provide documentation of Liability Coverage which includes sexual molestation coverage if programming focuses on youth. **NO EXCEPTIONS.**
- Successful applicants should show a willingness and be able to take suggestions from the Youth and Recreation Department regarding programming and/or City of New Haven administration.

Please note that submission does not guarantee approval. For any questions about your submission, please contact Erika Blake at 203-946-7585 or via email eblake@newhavenct.gov.

Application Overview

Priority will be given to:

- Organizations with a previous record of success
- Organizations using evidenced-based program design
- Organizations able to provide a detailed program summary at the conclusion of the programming

If selected, agencies must provide the following to the Youth and Recreation Department. The contract must be fully executed before any payments can be rendered.

- a. W9 form for new agencies (those that have never received funds from the City of New Haven)
- b. Disclosure form
- c. Non-Collusion form
- d. Scope of Service with number of participants to be served, number of participants to be employed, previous record of success and program outcomes (not to exceed 2 paragraphs)
- e. Liability of Insurance
 - \$1 million coverage- **The Grantee(s) shall carry or require that there be Liability Insurance.**
 - City as additional insured
 - City as certificate holder
 - Subrogation boxes must be checked for any and all coverages you carry
 - Child molestation coverage- **The Grantee(s) coverage amount can be the lowest the insurance carrier offers.**
 - a. Insurance policy must cover the dates of the program
 - b. See attachment A for areas to be complete

Only digital responses will be accepted for this RFP. No hardcopy responses will be accepted for this opportunity so please plan accordingly to submit electronically

Please make a copy of your application as information will be requested by the Youth and Recreation Department.

Evaluation and Reporting

The grantee(s) must provide a detailed programmatic results conclusion of programming. An agreement will be entered between the City of New Haven's Youth and Recreation Department and the selected organization(s) which will specify the reporting tools. **Once agreements have been signed by the agency, programming may commence.**

New Haven Youth & Community Center Space Request

Part I: Organizational Profile

Name of Organization: _____

Address: _____

Phone: _____

Fax: _____

Name of Director/CEO: _____

Email Address: _____

Website: _____

Please answer all the following questions:

- The mission and goals of your organization.

- What year was your organization founded or organized? _____

- Has your organization ever received City of New Haven funding? **Yes No**
 - **If yes**, what type of funding (i.e., CDBG, ESG, YVPG), funding year and award amount for each within the last two years?

- How many staff does your organization employ?
 - Full-time _____
 - Part-time _____
 - Per Diem _____
 - Volunteers _____
 - Other _____

- Please describe services your agency has provided in New Haven neighborhoods and communities:

- How many people did you serve last year? _____

What type of funders support your organization's services? [check all that apply]

____% State government ____% Client fees
____% Federal government ____% Individual donor contributions
____% Foundations or United Way ____% Other (please describe)

Please attach the following to this application:

1. Certificate of Insurance (review attachment A)
 - The Grantee(s) shall carry or require that there be carried Liability Insurance.
 - The applicant must also carry coverage for sexual molestation. Your coverage amount can be the lowest your insurance carrier offers.
 - Please review the sample attached. The insurance policy must meet the same requirements on the sample.
 - Insurance policy must cover the dates of the program.
2. Completed W- 9 Form

NOTE: Programs that are of the City of New Haven (e.g., Police, Public Works, Health, NHBOE schools, etc.) are not required to submit copy of COI. If you are a program that is NHBOE approved, a letter must be provided from the NHBOE stating they are accepting liability for your program.

Please do not submit videotapes, three-ring binders, brochures, or photographs/artwork.

Please read the statement below and sign and print your name where indicated:

I certify that the information provided in this application and the attached documents are true and correct as of the date set forth beside my signature on this application. I also acknowledge my understanding that any intentional or negligent misrepresentation of the information contained in this application, or the attached documents may result in the denial of application.

Executive Director

Printed Name

Date