Appendix D

## Proposal Submission Template

Pre-Apprenticeship Programs

1. **General Proposal Information**

 Name and Address of Applicant Organization

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (NAME)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (STREET)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (CITY, STATE) (ZIP CODE)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (CONTACT PERSON)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (TELEPHONE NUMBER)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (E-MAIL ADDRESS)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Organization’s Website URL)

**DUNS #:**

 **EIN ID #:**

|  |  |
| --- | --- |
| County (ies) this program will serve?[ ]  New Castle County[ ]  Kent County[ ]  Sussex County | Organization Type:[ ]  Non Profit[ ]  Governmental[ ]  Private for Profit |

1. Address and phone number of where proposed Pre-Apprenticeship Program will take place if different than above address:
2. Is this program a Delaware Department of Education approved CTE Program of Study?

 [ ]  Yes [ ]  No

1. Please list which Registered Apprenticeship Program(s) this proposed Pre-Apprenticeship program is in partnership with (Must submit a letter of support from at least one Registered Apprenticeship Sponsor listed here with the submission of this Proposal Submission Template):
2. Proposed Number of Pre-Apprentices (Participants):

1. Proposed Training Program Hours per Participant:
2. Number of Cycles of Training if applicable:

Complete the following (add more rows as needed):

|  |  |  |
| --- | --- | --- |
| Cycle # | Start/End Date | Cost |
|  |  |  |
|  |  |  |

If awarded a contract, are you willing to offer fewer cycles than proposed? Y/N

 Minimum number of cycles you would be willing to implement:

1. Total Amount Requested: $\_\_\_\_\_\_.
2. Requested funds for this program are % of organization's total budget.
3. The anticipated non-governmental contribution to this program is $\_\_\_\_\_\_.
4. Amount of Training Expense to be paid by the Participant: $\_\_\_\_\_\_.

 Description of services/supplies to be paid by Trainee if any:

1. **Outcome Statement** *No more than 100 words.*
2. Provide a comprehensive outcome statement that describes what a participant will have achieved after successfully completing the proposed program. This should include all credential(s) received, job title, and expected wages.
3. **Demonstrated Ability** *All responses are limited to one page per question unless otherwise noted*.
4. Describe your organization’s ability to operate high quality training programs that have resulted in high employment rates or similar outcomes as described in the Performance Measures outlined in the Scope of Services of the RFP. This should include past achieved performance. If the proposed program is new, please describe other training program’s past performance if applicable or the organization’s past performance and ability to operate high quality training programs.
5. Describe your organization’s ability to manage grant funded programs.
6. **Program Schedule and Intensity** *All responses are limited to one page per question unless otherwise noted*.
7. Describe the program schedule and intensity that includes all program components. It should be clear when enrollments are to occur, when each component begins and ends, programs hours of operation, training schedule, and training hours planned for each component.
8. **Participants** *All responses are limited to one page per question unless otherwise noted*.
9. Describe your criteria for participant selection. Include how you will outreach, recruit, and assess each participant’s needs and skill level. Be sure to include the assessment(s) or partnerships in place to assess participants.
10. Provide a description of conditions, behaviors, and barriers of typical participants as well as demographic information on this participant group.
11. **Employer Engagement** *All responses are limited to one page per question unless otherwise noted*.
12. Explain how the program provides job placement support for participants focused on Registered Apprenticeship Sponsors.
13. Explain any additional alignment, examples include formalized agreements with Sponsors to enter directly into Registered Apprenticeship Programs, collaborative promotion of Registered Apprenticeship as a preferred means for employers to develop a skilled workforce and create career opportunities for individuals, and use of established industry councils or program advisory committees.
14. Proposed program shall offer training appropriate to the intended job placement opportunity and demonstrate that the curriculum being offered through proposed training meets the current and projected needs of the local employers. Outline the critical occupational and skills needs the proposed training will address. How were these needs identified? Include how the proposed program meets the current and projected needs of the local employers and how the proposed program benefit the needs of the community, state, and/or other stakeholder.
15. **Training and Curriculum** *All responses are limited to one page per question unless otherwise noted*.

*Note: Must submit a letter of support or formalized agreement between the Pre-Apprenticeship Program and the related instruction provider of at least one of the Registered Apprenticeship Sponsors, which includes any details for articulation agreements, if applicable (e.g. completion of Pre-Apprenticeship program leads to advanced placement for related instruction of Registered Apprenticeship) with the submission of the Proposal Submission Template.*

1. Explain how your training and curriculum aligns with the industry or occupational standards/needs (including reading and math skill needs). Attach the proposed curriculum. *Curriculum does not count towards the page limit.*
2. Does the proposed program allow for advanced placement of a Registered Apprenticeship Program? [ ]  Yes [ ]  No
3. Describe the work-readiness or “soft skills” aspect of the curriculum.
4. Describe the career exploration activities aspects of the program such as occupational interest assessments or specific career and industry awareness workshops.
5. Describe how you will provide meaningful hands on training. Include in your response if you plan on having Pre-Apprentices on actual work sites.
6. Describe how the proposed program will provide supportive service or linkages to them to alleviate training completion barriers and employment barriers. This can include addressing mental health and substance abuse needs, support in obtaining a driver’s license, etc.
7. **Expansion of Underrepresented, Disadvantaged, or Low-Skilled Populations** *All responses are limited to one page per question unless otherwise noted.*

**Answer is required for one (A or B) of the following questions. Both may be answered if applicable to the proposed program.**

1. Describe how the proposed program provides or will make participants aware of educational and pre-vocational services targeted to a specific underrepresented, disadvantaged, and/or low-skilled populations?
2. Explain the recruitment and outreach focused on underrepresented, disadvantaged, or low-skilled populations?
3. **Staff, Linkages and Partners** *All responses are limited to one page per question unless otherwise noted.*
4. Provide Staff Qualifications for any position for which funding is requested in whole or in part. If staff are not currently employed with your organization, please provide the minimum qualifications you will use to recruit for the position.
5. Please complete the chart below to show your linkages within the community, key people/organizations, and other partnerships that enhance your program’s services and quality. At a minimum this should include all Linkage Team members. Add more rows as needed.

|  |  |  |
| --- | --- | --- |
| **Organization Type**(i.e. Employer, Human Service Provider, or Other Partner) | **Name of Organization** | **Role/Commitment** |
|  |  |  |
|  |  |  |
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1. **Bonus Criteria**-*All responses are limited to one page per question unless otherwise noted.*

The Bonus Points may be allotted in four areas. They are not required, only desired. Proposers may seek points in all, some, or none of these areas. If you are seeking Bonus Points for this proposal, address the applicable questions.

1. **Promise Communities**-Describe how the proposed program will target Promise Communities. In addition, please identify which Promise Community(ies) are proposed to be targeted by placing a “Y” in the Proposed column.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Zipcode** | **Proposed**  | **Zipcode** | **Proposed**  | **Zipcode** | **Proposed**  | **Zipcode** | **Proposed**  |
| **19801** |  | **19720** |  | **19943** |  | **19947** |  |
| **19802** |  | **19901** |  | **19952** |  | **19966** |  |
| **19805** |  | **19904** |  | **19933** |  |  |  |
| **19701** |  | **19977** |  | **19956** |  |  |  |
| **19702** |  | **19934** |  | **19973** |  |  |  |

1. **Population-**Describe how the proposed program will serve underrepresented, disadvantaged, or low-skilled population which represent no less than 50% of the population being served. Provide the expected percent of the total participants being served who you expect to meet the population(s) described here.
2. **Women-** Do you plan to serve 100% women specifically with the goal of increasing women registered apprentices in occupations where they are currently underrepresented (e.g. construction trades)? [ ]  Yes [ ]  No

Describe your strategy for success in terms of recruitment and placement into the occupation for women.

1. **Leveraged Resources-** Describe how the proposed program is leveraging resources through braiding funds, direct financial or in-kind contributions by other programs, employers, investors, stakeholder, etc. Be sure to explain the source of funds and how they will be used to support the program and achieve programmatic goals. In addition complete the following:
* Cash Contribution Amount:
* In-Kind Amount:
* Other:
1. **Certificate of Information and Authorization *Must be completed for your proposal to be considered***

By submitting this proposal, I hereby certify that to the best of my knowledge all information contained in this proposal is accurate and complete, that this is a valid proposal and that I am legally authorized to submit and to represent this organization.

**Signature (live):**

**Name:**

**Title:**

**Organization:**

1. **Attachments-***Required except unless noted*

Attachment 1: Non-Collusion Statement

Attachment 2: Exceptions

Attachment 3: Confidentiality and Proprietary Information

Attachment 4: Business References

Attachment 5: Subcontractor Information Form (only if applicable)

Attachment 6: Program Budget

**Attachment 1**

**RFP NO.:**

**RFP TITLE:**

**DEADLINE TO RESPOND:**

**NON-COLLUSION STATEMENT**

This is to certify that the undersigned Provider has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal**, and further certifies that it is not a sub-contractor to another Provider who also submitted a proposal as a primary Provider in response to this solicitation** submitted this date to the State of Delaware, Workforce Development Board

It is agreed by the undersigned Provider that the signed delivery of this bid represents, subject to any express exceptions set forth at Attachment 2, the Provider’s acceptance of the terms and conditions of this solicitation including all specifications and special provisions.

**NOTE:** Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Workforce Development Board.

|  |  |
| --- | --- |
|  | Corporation |
|  | Partnership |
|  | Individual |

 COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check one)

NAME OF AUTHORIZED REPRESENTATIVE

(Please type or print)

SIGNATURE TITLE

COMPANY ADDRESS

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STATE OF DELAWARE

FEDERAL E.I. NUMBER LICENSE Number

|  |  |  |
| --- | --- | --- |
|  COMPANY CLASSIFICATIONS: CERT. NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Certification type(s) | Circle all that apply |
| Minority Business Enterprise (MBE) | Yes No |
| Woman Business Enterprise (WBE) | Yes No |
| Disadvantaged Business Enterprise (DBE) | Yes No |
| Veteran Owned Business Enterprise (VOBE) | Yes No |
| Service Disabled Veteran Owned Business Enterprise (SDVOBE) | Yes No |

[The above table is for informational and statistical use only.]

PURCHASE ORDERS SHOULD BE SENT TO:

ADDRESS

CONTACT

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS

**AFFIRMATION:** Within the past five years, has your firm, any affiliate, any predecessor company or entity, owner,

Director, officer, partner or proprietor been the subject of a Federal, State, Local government suspension or debarment?

YES NO if yes, please explain

**THIS PAGE SHALL HAVE ORIGINAL SIGNATURE AND BE RETURNED WITH YOUR PROPOSAL**

SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_\_\_\_\_ day of , 20 \_\_\_\_\_\_\_\_\_\_

Notary Public My commission expires

City of County of State of

**Attachment 2**

RFP No.

RFP Title:

EXCEPTION FORM

Proposals must include all exceptions to the specifications, terms or conditions contained in this RFP. If the provider is submitting the proposal without exceptions, please state so below. The State of Delaware reserves the right to deny any and all exceptions taken to the RFP requirements.

 [ ]  By checking this box, the Provider acknowledges that they take no exceptions to the specifications, terms or conditions found in this RFP.

|  |  |  |
| --- | --- | --- |
| **Paragraph # and page #** | **Exceptions to Specifications, terms or conditions** | **Proposed Alternative** |
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**Note: Provider may use additional pages as necessary, but the format shall be the same as provided above.**

**Attachment 3**

RFP No.

RFP Title:

CONFIDENTIAL INFORMATION FORM

[ ]  By checking this box, the Provider acknowledges that they are not providing any information they declare to be confidential or proprietary for the purpose of production under 29 Del. C. ch. 100, Delaware Freedom of Information Act.

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| --- |
| **Confidentiality and Proprietary Information** |
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**Note: Provider may use additional pages as necessary, but the format shall be the same as provided above.**

**Attachment 4**

RFP No.

RFP Title:

BUSINESS REFERENCES

List a minimum of three business references, including the following information:

* Business Name and Mailing address
* Contact Name and phone number
* Number of years doing business with
* Type of work performed

Please do not list any State Employee as a business reference. If you have held a State contract within the last 5 years, please provide a separate list of the contract(s).

|  |  |  |
| --- | --- | --- |
| 1.  | **Contact Name & Title:**  |  |
|  | **Business Name:**  |  |
|  | **Address:**  |  |
|  |  |  |
|  | **Email:**  |  |
|  | **Phone # / Fax #:**  |  |
|  | **Current Provider (YES or NO):**  |  |  |
|  | **Years Associated & Type of Work Performed:**  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 2.  | **Contact Name & Title:**  |  |
|  | **Business Name:**  |  |
|  | **Address:**  |  |
|  |  |  |
|  | **Email:**  |  |
|  | **Phone # / Fax #:**  |  |
|  | **Current Provider (YES or NO):**  |  |  |
|  | **Years Associated & Type of Work Performed:**  |  |
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|  |  |  |  |  |
| 3.  | **Contact Name & Title:**  |  |
|  | **Business Name:**  |  |
|  | **Address:**  |  |
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|  | **Email:**  |  |
|  | **Phone # / Fax #:**  |  |
|  | **Current Provider (YES or NO):**  |  |  |
|  | **Years Associated & Type of Work Performed:**  |  |

**State of Delaware personnel MAY NOT BE USED as references.**

Attachment 5

SUBCONTRACTOR INFORMATION FORM

|  |
| --- |
| **PART I – STATEMENT BY PROPOSING PROVIDER** |
| 1. RFP NO. | 2. Proposing Provider Name: | 3. Mailing Address |
| 4. SUBCONTRACTOR |  |
| a. NAME | 4c. Company OSD Classification:Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| b. Mailing Address: | 4d. Women Business Enterprise [ ]  Yes [ ]  No4e. Minority Business Enterprise [ ]  Yes [ ]  No4f. Disadvantaged Business Enterprise [ ]  Yes [ ]  No4g. Veteran Owned Business Enterprise [ ]  Yes [ ]  No4h. Service Disabled Veteran Owned Business Enterprise [ ]  Yes [ ]  No |
| 5. DESCRIPTION OF WORK BY SUBCONTRACTOR |
| 6a. NAME OF PERSON SIGNING | 7. BY (*Signature)* | 8. DATE SIGNED |
| 6b. TITLE OF PERSON SIGNING |
|  **PART II – ACKNOWLEDGEMENT BY SUBCONTRACTOR** |
| 9a. NAME OF PERSON SIGNING | 10. BY (*Signature*) | 11. DATE SIGNED |
| 9b. TITLE OF PERSON SIGNING |

  **\* Use a separate form for each subcontractor**

|  |  |
| --- | --- |
|  | **TOTAL** |
| 1. Staff Salaries
 |  |
| 1. Staff Fringe Benefits
 |  |
| 1. Staff Salary and Fringe for Work Experience (of lined 1 & 2 and not included in total)
 |  |
| 1. Staff Salary and Fringe Total (Do not include Line 3 amount in the total)
 |  |
| 1. Supportive Services To Participants
 |  |
| 1. Rent (inc. cost per sq. ft./hr. rates)
 |  |
| 1. Custodial Services
 |  |
| 1. Utilities (List as a % of Annual Expense)
 |  |
| Heat/AC |  |  |  |
| Phone |  |  |  |
| Electric |  |  |  |
| Other |  |  |  |
| 1. Consumable Office Supplies
 |  |
| 1. Postage
 |  |
| 1. Equipment and Furniture Purchase: (Itemize on Attached Page)
 |  |
| 1. Equipment Rental: (Itemize on Attached Page)
 |  |
| 1. Tuition
 |  |
| 1. Entrance Fees
 |  |
| 1. Training Materials

BooksSoftwareVideosOther (specify) |  |
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| 1. Printing/Advertising
 |  |
| 1. Travel

StudentStaff |  |
|  |
|  |
| 1. Staff Training
 |  |
| 1. Participant Payments (Wages. OJT Payments, etc...)
 |  |
| 1. Participant Fringes
 |  |
| 1. Insurance:
 |  |
| 1. Professional Services: (Specify)
 |  |
| 1. Overhead/Indirect for Parent Organization:
 |  |
| 1. Profit:
 |  |
| 1. Other: (Specify)
 |  |
| 1. **TOTAL**
 |  |

**EMPLOYEE LISTING**

**SALARY AND FRINGE EXPENSES**

AREA OF TRAINING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR: \_\_\_\_\_\_\_\_\_

ORGANIZATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST EVERY EMPLOYEE BY TITLE**

**(USE ADDITIONAL PAGES TO LIST EACH EMPLOYEE NUMERICALLY)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| POSITION | DATES OF EMPLOYMENT HOURS PER WEEK (if seasonal give # of weeks and hourly rate) (If part-time, indicate hourly rate) |  | SALARY | FRINGE | TOTAL | FUNDED STAFF HOURS |
| Person #1 |  | THIS PROGRAM  |  |  |  |  |
|  |  | OTHER |  |  |  |  |
| Person #2 |  | THIS PROGRAM  |  |  |  |  |
|  |  | OTHER |  |  |  |  |
| Person #3 |  | THIS PROGRAM  |  |  |  |  |
|  |  | OTHER |  |  |  |  |

Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUDGET BACK-UP PAGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LINENUMBER | ITEM | NUMBER OF EACH | AMOUNT | EXPLANATION/REMARKS |
|  |  |  |  |  |
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***SUPPORTIVE SERVICE TO PARTICIPANTS***

CONTRACTOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF TRAINING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT OF SUPPORTIVE SERVICES: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENTS MUST NOT RECEIVE CASH. VOUCHERS ARE TO BE USED FOR GOODS AND SERVICES) CONTRACTORS MUST MAINTAIN A CUMULATIVE LOG TO DOCUMENT CLIENTS RECEIVED SUPPORTIVE SERVICE(S). AT A MINIMUM THIS LOG MUST INCLUDE CLIENT NAME, STAFF AND CLIENT SIGNATURE, AMOUNT OF SUPPORTIVE SERVICES GIVEN, AND VENDOR.

Furthermore, contractors will only be reimbursed for direct benefits they have given to client.

TYPE OF PAYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPLANATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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