LEARNING FOR CAREERS PLAN TEMPLATE

(Final Work Product for Planning Phase I)

The following is the Learning for Careers Plan (LFCP) template. This template will be completed and submitted as the final work product produced as a result of Phase I awards funded with this RFP. In addition, this plan/template will be used to request funds for an Implementation Phase II. Delaware does have the right to edit this template.

This should not be completed and submitted for Planning Phase I funds. See Appendix C for Phase I Proposal Submission Template and Required Template Attachments, unless otherwise noted

LEARNING FOR CAREERS PLAN TEMPLATE

(Phase II Funding Request)

1. **Name and Address of Lead Applicant Organization**

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

(NAME)

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

(STREET)

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

(CITY, STATE) (ZIP CODE)

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

(CONTACT PERSON)

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

(TELEPHONE NUMBER) (E-MAIL ADDRESS)

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

(FEDERAL EMPLOYER ID #) (DUNS #)

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

(WEBSITE URL)

1. **County (ies) this program will serve?**

New Castle County

Kent County

Sussex County

Statewide

1. **Lead Organization Type:**

Employer/Industry Association

Employer Chamber

Employer Group

State Agency acting on behalf of a group of employers

Labor Union

1. **Proposed Phase II Period** (Must be within the specified performance period)

Start Date:

End Date:

1. **Which occupation(s) and/or Program of Study will this proposal support?**

The Learning For Careers Plan developed shall be developed to address in demand occupations found at <https://de.gov/dwdbindemand> and/or aligned to a Department of Education state model program of study found at <https://de.gov/DOEprogramsstudy>.

1. **Project Name:**
2. **It has been determined that there is a need for a LFCP**

Yes (continue)

No (Submit a final report as a narrative attached to this first page along with a final financial report).

1. **Funding**:

Total Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested funds for this program are % of lead organization's total budget.

Leveraged Resources Provided if any:

* Cash Contribution Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* In-Kind Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These leveraged funds will support the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Training Expense to be paid by the Student $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of services/supplies to be paid by Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Proposed Number of Student this will serve:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Proposed Total Training Hours per Student**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **This plan increases paid work experience by connecting employers to (check all that apply):**

Youth served through summer youth employment or other DOL funded programsincluded in the definition of Employment and Training Providers;

Secondary school students participating in work-based learning and/or co-operative education programs; or

Postsecondary students participating in work-based learning and/or clinical/experiential learning programs.

1. **Proposed Outcomes to be Achieved with the implementation of this Plan:**
2. **Briefly describe the end state this proposal seeks to accomplish for both employers and students. Address how each will benefit.**
3. **KEY PEOPLE-**Complete the following chart detailing the partners involved (add rows as needed):

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Type** (e.g. Employer, Local Education Agency, or Post-Secondary Institution or Other Partner) | **Name of Organization** | **Organization Contact and Contact Information** (include phone number and email) | **Role/Commitment** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **PROPOSAL NARRATIVES-***No answer shall exceed one page unless otherwise noted*.
2. Outline any occupation, industry and/or skills needs the proposed plan will address.
3. Describe how the employers within the applicant planning group, or generally for the industry if appropriate, currently partner with education and training providers to provide work-based learning opportunities including paid work experiences in order build a pipeline, expose students to career opportunities, access talent, etc.
4. Summarize how this plan provides a for a different solution than the current state (2 above)?
5. Describe plans to ensure the sustainability in the absence of funding under this RFP. Include any barriers that need to be resolved for sustainability (e.g. state law, policies, etc. that are recommended to be revised).
6. Describe preliminary plans to solicit feedback as to the value and impact of the implemented plan. In other words, how will you know this plan is successful or not?
7. Describe your plan in detail (*limited to 3 pages*).
8. Describe your criteria for student selection.
9. How will these students be recruited and assessed for their needs and program fit?
10. Delivery Strategy
    1. In a narrative fashion describe how a specific student will flow through the proposed plan.
    2. In a narrative fashion describe how an employer will access a student in the proposed plan.

**C. 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: 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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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.

|  |
| --- |
| **Confidentiality and Proprietary Information** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**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:** |  | | |
|  |  |  |  |  |
|  |  |  |  |  |
| 3. | **Contact Name & Title:** |  | | |
|  | **Business Name:** |  | | |
|  | **Address:** |  | | |
|  |  |  | | |
|  | **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.  **LAB 18 001-ADULTTRNG** | | 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  No  4e. Minority Business Enterprise  Yes  No  4f. Disadvantaged Business Enterprise  Yes  No  4g. Veteran Owned Business Enterprise  Yes  No  4h. 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. SUBTOTAL (Lines 1+2) |  |
| 1. Supportive Services to Participants |  |
| 1. Rent |  |
| 1. Custodial Services |  |
| 1. Utilities |  |
| 1. Consumable Office Supplies |  |
| 1. Postage |  |
| 1. Equipment and Furniture Purchase |  |
| 1. Equipment Rental |  |
| 1. Tuition |  |
| 1. Entrance Fees |  |

|  |  |
| --- | --- |
| 1. Training Materials 2. Books 3. Software 4. Other (specify) 5. Total |  |
|  |
|  |
|  |
|  |
| 1. Printing/Advertising |  |
| 1. Travel 2. Student 3. Staff |  |
|  |
|  |
| 1. Staff Training |  |
| 1. Participant Payments (Wages. OJT Payments, etc...) |  |
| 1. Participant Fringes |  |
| 1. Insurance: |  |
| 1. Professional Services: (List) |  |
| 1. Overhead/Indirect for Lead Organization n: |  |
| 1. Profit: |  |
| 1. Other: (Please specify) |  |
| 1. Other: (Please specify) |  |

|  |  |
| --- | --- |
| 1. **TOTAL** |  |

**EMPLOYEE LISTING**

**SALARY AND FRINGE EXPENSES**

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

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

**LIST EVERY EMPLOYEE BY TITLE**

**ADD ROWS AS NEEDED**

**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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LINE  NUMBER | ITEM | NUMBER OF EACH | AMOUNT | EXPLANATION/  REMARKS |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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