

**Proposal Submission Template
Statewide Co-Op Program**

Each section is required. Responses should be succinct, not exceeding the space provided for each question. Responses exceeding the allotted space may not be considered.

I. General Proposal Information: Name and Address of Applicant Organization

Provider Name: _____

Address: _____

Contact: _____

(PERSON SUBMITTING)

Contact Title: _____

(PERSON SUBMITTING)

Phone Number: _____

Email: _____

Website: _____

Authorized Contract Signatory: _____

Authorized Contract Signatory title and email: _____

DUNS #: _____

EIN ID #: _____

Check all that apply Organization Type:

☐ Non-Profit

☐ Governmental

☐ Private for Profit

☐ State public institute or training center

☐ Institution of higher education

☐ DOE approved private business or trade school

☐ Other: _____

Please respond to all questions as directed. Do not exceed the space provided for each question. Responses exceeding the allotted space may not be considered.

II. Executive Summary or Program Summary-

Please provide a **CONCISE SUMMARY** of your organization's ability to oversee the development, implementation, case management and self-sustainability of a Statewide Co-Op Learning Program providing high quality intermediary services for College Juniors & Seniors. The program will support the attainment of college credit while working for a participating business in Delaware.

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings on the page.

III. Demonstrated Ability

- A.** Describe your organization's ability to advertise, recruit, retain, and operate high-quality Co-Op programs or similar programs. If applicable, describe your experience serving as an intermediary for programs of similar design.

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[illegible]

IV. Program Design

A. Describe your organization's approach to providing superior case management and wraparound services for Co-Op participants.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

B. Describe your plan to recruit businesses to participate in the Statewide Co-Op Learning Program.

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[illegible][illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

A. How does the proposed program address the current and future needs of local employers, participants, and higher education partners?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

B. How will the proposed program provide college credit for participants' work-based learning experiences?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

C. How will your organization highlight or promote participating students to employer partners?

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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.

Name: _____

Title: _____

Organization: _____
