**United Way of the National Capital Area**

# Prince George's County Public Schools
# Community Schools
# Preferred Provider Directory Application

## School Year 2024-2025

Release Date: April 26, 2024
Applications Due Date: May 6, 2024, by 11:59 pm

To submit an application, please visit https://agency.e-cimpact.com/login.aspx?org=10001F.

Successfully submitted proposals will receive a confirmation email upon receipt of submission. If an email confirmation is not received, contact PGCommSchools@uwnca.org **within one (1) business day** from the time of submission. Applications that do not receive a confirmation email will not be reviewed.

Late, incomplete, paper, or in-person applications will not be considered. Please submit any questions you may about the Preferred Provider Directory Application to PGCommSchools@uwnca.org.

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# INTRODUCTION

In 2019, Prince George's County Public Schools launched a successful county-wide community schools initiative to provide critical wraparound support to students at public schools throughout the county. United Way NCA is partnering with the school system to ensure students receive high-quality services proven to deliver results and contribute to student success.

Do you offer evidence-based programming that you believe can benefit Prince George's County students as part of this initiative? If so, we invite you to apply to be a Preferred Provider for Prince George's County Public Schools - Community Schools. To qualify as a Preferred Provider, you must complete this application detailing the scope and outcomes of your wraparound services. United Way NCA will then carefully select highly qualified providers based on programmatic criteria set by both United Way NCA and Prince George's County Public Schools. As the school system identifies services to meet the unique needs of each community school, the Community Schools Preferred Provider Directory will be their go-to resource.

**Background**

Under the "Blueprint for Maryland's Future," the State of Maryland initiated the Concentration of Poverty School Grant program. This program provides grants to public schools in which at least 55% of the students are eligible for free and reduced-priced meals (FARMS). Each school is then considered as a "Community School" and must employ one community school coordinator to provide full-time coverage and wraparound services at a designated Community School.

In addition, the "Blueprint for Maryland's Future" and Prince Georges' County Public Schools have defined 13 categories for wraparound services that a school can use to provide fair and equitable opportunities for students.

**What are the 13 wraparound service categories?**

1. Extended learning time (before and after school, weekends, summer)
2. Safe transportation to and from school
3. Vision and dental care services
4. Expanding school-based health center services
5. Additional social workers, counselors, and restorative practice coaches
6. Enhancing physical wellness, including providing food for in-school and out-of-school time
7. Enhancing behavioral health services including access to mental health practitioners and providing professional development to school staff to provide trauma-informed interventions
8. Providing family and community engagement and supports (language classes, workforce development training)
9. Establishing and enhancing linkages to Judy Centers (early childhood)
10. Enhancing student enrichment experiences
11. Improving student attendance
12. Improving the learning environment at school
13. Any other professional development for school staff to identify students who need resources

# Eligibility

This application is open to any nonprofit organization or for-profit company providing any of the 13 categories for wraparound services that a school can use to provide fair and equitable opportunities for students as defined by Prince George's County Public Schools.

**Target Population and Status Period**

Preferred partner status will be given to organizations who provide programming targeted at school age youth with a documented history of success. And those organizations granted preferred partner status will be listed in the provider directory for the 2024-2025 School Year.

**Location Requirements**

Organizations must be able to serve students in the Prince George's County Public School system. They must be located in the Washington DC metro area (Alexandria, Arlington, Loudoun, Fairfax/Falls Church, Prince William, Fauquier, Rappahannock, and Culpeper Counties in Virginia; and Montgomery and Prince George's Counties in Maryland). Local chapters of national organizations must have a physical office location in the Washington DC metro area and be considered a bona fide chapter of the national organization.

**Eligibility Criteria for Nonprofits**

Successful nonprofit applicants will meet the following criteria:

1. Have substantial local presence (i.e. a staffed facility, office or portion of a residence dedicated exclusively to your organization available to those seeking services) and programming in the Washington, DC area, which includes: Alexandria, Arlington, Loudoun, Fairfax/Falls Church, Prince William, Fauquier, Rappahannock, and Culpeper Counties in Virginia; and Montgomery and Prince George's Counties in Maryland.

2. Be an incorporated not-for-profit and have a registered constitution and/or bylaws. The organization must have been incorporated for a minimum of three years prior to January 1st of the application year (i.e. incorporation date prior to January 1, 2021).

3. Be recognized by the Internal Revenue Service (IRS) as tax-exempt under 501(c) 3 of the Internal Revenue Code and have been notified by the IRS that the organization is not a private foundation as defined in Section 509 (a) of the Internal Revenue Code.

4. Have an active and responsible governing board of three or more, whose members have no material conflict of interest and a majority of whom serve without compensation, which directs the organization.

5. Provide a copy of the most recently completed and signed IRS Form 990 covering the fiscal year ending not more than 18 months prior to January 2024 (i.e. ending on or after June 30, 2022). If the organization is not required to file a full IRS Form 990 with the IRS, a proforma version must be completed and submitted with your application.

6. Maintain an administrative and fundraising rate (AFR) of less than 35% of total revenue. The AFR represents the percentage of dollars spent on administration of a nonprofit. It is calculated as a percentage of the organization's total support and revenue, as reported

on the IRS Form 990, by adding the amount in Part IX (Statement of Functional Expenses), Line 25, Column C (Management and General Expenses) to the amount in Line 25, Column D (Fundraising Expenses), and dividing the total sum by Part VIII (Statement of Revenue), Line 12, Column A (Total Revenue).

7.  Demonstrate that the organization has generated at least $50,000 in revenue from all sources during the most recently completed fiscal year. This must be reflected in the submitted IRS Form 990 or proforma 990.

8.  Provide an audit or financial review per the following if your organization reports more than $100,000 in revenue on the most recently completed 990:

    8.1.    If revenue is $250,000 or greater, provide audited financial statements for your organization's most recent fiscal year (must be ending on or after June 30, 2022). The audit must express an unqualified opinion and must be conducted by an independent Certified Public Accountant in accordance with Generally Accepted Auditing Standards (GAAS). Cash basis, cash modified, or modified accrual basis of accounting are unacceptable.

    8.2.    If revenue is $100,000 or greater, but less than $250,000, provide audited or reviewed financial statements for your organization's most recently completed fiscal year (must be ending on or after June 30, 2022). The conclusion of the review must state that there are no material modifications that should be made to the financial statements in order for them to be in accordance with Generally Accepted Accounting Principles (GAAP). Cash basis, cash modified, or modified accrual basis of accounting are unacceptable.

    8.3.    If revenue is less than $100,000 you must certify that your organization has controls in place to ensure funds are properly accounted for and that it can provide accurate timely financial information.

9.  Have a policy and demonstrate a practice of non-discrimination as it relates to the operation of the organization, including service delivery, on the basis of race, creed, color, religion, gender, age, national origin, physical or mental health, sexual orientation or any characteristic protected by law.

10. Affirm that the applicant organization prioritizes diversity and inclusion and that it will seek out, welcome and build upon the diversity and the positive attributes that exist within the communities served. This includes ensuring that all services are accessible to all individuals and that the organization demonstrates an understanding of, respect for, and responsiveness to the home culture and language of the individuals and families served.

11. Affirm the organization is committed to equity in its practices and programming in an effort to address root causes of inequities, not just their manifestation, in our communities.

12. Comply with applicable federal, state and municipal laws and regulations. This includes, but is not limited to, compliance with individual state registration requirements for charitable solicitation.

**Eligibility Criteria for For-Profit Organizations**

For-profit service providers should contact PGCommSchools@uwnca.org for additional details on eligibility and fiscal documentation required.

Successful for-profit applicants will meet the following criteria:

1. Have substantial local presence (i.e. a staffed facility, office or portion of a residence dedicated exclusively to your organization, available to those seeking services) and programming in the Washington, DC area, which includes: Alexandria, Arlington, Loudoun, Fairfax/Falls Church, Prince William, Fauquier, Rappahannock, and Culpeper Counties in Virginia; and Montgomery and Prince George's Counties in Maryland.

2. Provide a copy of completed, signed and submitted tax returns for the last two fiscal years (2021, 2022).

3. Audited financial statements for the last two full fiscal years (2021, 2022). However, if unavailable, then an independent review or independent compilation prepared by a CPA may be submitted. If the aforementioned cannot be provided, internally prepared income statements and balance sheets certified by the CEO and CFO are acceptable.

4. Income statements and balance sheets for year-to-date financial results for fiscal year 2023.

5. Provide a copy of Letter or Certificate of Good Standing that your business is not delinquent regarding your Maryland state tax obligations.

6. Have a policy and demonstrate a practice of non-discrimination, including service delivery, on the basis of race, creed, color, religion, gender, age, national origin, physical or mental health, sexual orientation or any characteristic protected by law.

7. Affirm that your organization prioritizes diversity and inclusion and that it seeks out, welcomes, and builds upon the diversity and the positive attributes that exist within the communities served. This includes ensuring that all services are accessible to all individuals and that your organization demonstrates an understanding of respect for the home culture and language of the individuals and families served.

8. Affirm the organization is committed to equity in its practices and services in an effort to address root causes of inequities, not just their manifestation, in our communities.

9. Be a registered commercial business within the jurisdiction it operates (DC, MD, VA), as well as comply with applicable federal, state and municipal laws and regulations, including certifying compliance with provisions of the USA PATRIOT Act and anti-terrorism measures.

# APPLICATION

## Completing the Application

**Accessing the Application**
The application must be completed online and can be accessed at https://agency.e-cimpact.com/login.aspx?org=10001F. Please make sure you have these documents available, as they will need to be uploaded to the application site.

**For Nonprofit Organizations (see page 4 for details)**
- IRS Letter of Determination
- IRS Form 990
- Audit/financial review

**For For-Profit Organizations (see page 6 for details)**
- Tax returns
- Certificate of Good Standing
- Audit/financial review

**Dependent on wraparound service category:**
Staff Qualifications (if applicable)
Theory of change or Logic model (if applicable)

Beyond the documents listed above, organizations will need to answer the following questions in the application:

**Organizational Information**
Please provide basic information about your organization
- Name of organization
- Name of Chief Executive Officer / Executive Director
- Organization's contact information
    - Address
    - City, State, Zip code
    - Phone Number
- Primary point of contact for this application
    - Name
    - Title
    - Email address
    - Phone number
- Organization's website
- Are you a current PGCPS approved vendor?
    - Yes
    - No
- How many years has your organization been an approved PGCPS' Community Schools Preferred Provider?
    - 1
    - 2
    - 3

- o 4
- o First-time applicant
  - o Has your organization ever been contacted by a school for services?
    - o Yes
    - o No
  - o Did your organization ever have to dissolve a partnership with a PGCPS Community School?
    - o Yes
    - o No
    - o If yes, please provide the reason for the dissolution.

**Program Application**

You will have an opportunity to enter up to four (4) programs in your application. Please enter each program one at a time. Each program entry must be tailored to the selected wraparound service. *If your program is accepted into the directory, we will print this description. Please be sure to enter it exactly as you wish for it to be seen.*

Program 1 name: [text field]
Program 1 description (max 150 words): [text field]
First and last name of primary point of contact for this program: [text field]
Email of primary point of contact for this program: [text field]
Phone number of primary point of contact for this program: [text field]

Please select areas of Prince George's County this program is willing to serve.
- o North County
- o Central County
- o South County

- o Which of grade levels will your proposed program serve? Select all that apply.
  - o Early Childhood
  - o Elementary School
  - o Middle School
  - o High School

Please identify your prospective program delivery method:
- o In-person
- o Virtual
- o Hybrid

Please provide any additional information about your program delivery method that you'd like us to know, or about any anticipated changes. [text field]

If your program is currently operating at one or more schools, how many students currently use this service?

Does your organization charge a fee for student or family participation in this program?
- o Yes
- o No

*If you answered yes, you must be a PGCPS Approved Vendor. The application process to become a PGCPS Approved Vendor is separate from United Way's Preferred Provider application and will need to be pursued independently from this current application process. To become an approved vendor please register through [iSupplier.](#)*

**Please choose which of the 13 wraparound service categories applies to this program (select all that apply).**

1. Extended learning time

   - o Provide services in schools either before or after school, weekends, or during the summer

2. Safe transportation to and from school

   - o Provide bus transportation services before or after school, evenings, weekends, or summer

3. Vision and dental services

   - o Provide vision and dental screenings or access to comprehensive services

4. Expanding school-based health center services

   - o Provide age-appropriate primary medical care services

   - o Students can be screened, vaccinated, or treated for acute illnesses such as flu, along with chronic conditions including asthma and diabetes

5. Social workers, counselors, and restorative practice coaches

   - o Licensed professionals who address the social emotional needs of students and improve behaviors that impact school climate and learning environments

   - o Create positive school environments by transforming punitive disciplinary practices into pro-social supportive behaviors and conflict resolution

6. Physical wellness and nutrition

   - o Provide food pantries or other food distribution during the school day or after school hours

   - o Provide services and classes related to health education and promotion, physical activity, and nutrition education

7. Expanded behavioral health services

   - o Licensed mental health practitioners who deliver clinical behavioral health services to students and families either in person, virtually or by phone

- o Provide professional development to school staff on trauma-informed interventions

8. Family and community engagement and support

    - o Provide opportunities for parents and families that may include but are not limited to language classes, parenting classes, workforce development training, Adult Basic Education (ABE) classes

9. Linkages to the Judy Center

    - o Delivery of wraparound services specifically designed for preschool children and their families

10. Enhancing student enrichment experiences

    - o Provide programs designed to provide opportunities for character development, personal growth, and team building

    - o Provide specialized academic programs for students who may need extra challenges beyond the traditional core academic program

11. Improving student attendance

    - o Provide interventions that reduce chronic absenteeism

12. Improving the learning environment at school
    - o Provide expert analysis, ideas, and recommendations to school leaders and staff that will build a positive school environment and creates a thriving learning culture; where learner differences, along with cultural and linguistic diversity, are respected and valued.

13. Any other professional development for school staff to identify students who need resources

    - o Language classes, equity trainings, etc. to help school staff best serve students


**Program Measures**

**1. Extended learning time**
   (1) Please select when your program is available:
       (check all that apply)
          - o Before school
          - o After school
          - o Weekends
          - o Summer camp

   (2) Please describe your track record, if any, in working with schools.

   (3) Please describe the qualifications of staff who will perform school-based services.

(4) What languages are spoken by program staff?

(5) Does the program(s) have an established theory of change? If so, please describe.

(6) Does the program(s) have a logic model? If so, please provide.

(7) Please describe measurable program outcomes for the last three years. Please align with your theory of change or logic model if applicable.

(8) How does your organization track, monitor and assess the results of this program?

2. **Safe transportation to and from school**
   (1) Which categories best describe your organization's services? Select all that apply.
      o Transportation to/from school
      o Transportation for field trips
      o Transportation for before- school of after-school programming
      o Transportation for weekend activities
      o Transportation for summer camp
      o Other (please describe):

   (2) Please describe your track record, if any, in working with schools.

   (3) Has your company been approved as a nonprofit or commercial carrier company by Consolidated Safety   Services, Inc.? Consolidated Safety Services, Inc. has been contracted by Prince George's County Department of Transportation to approve and monitor private nonprofit and commercial carrier companies that transport PGCPS students. If not, please explain.
      o Yes
      o No. Please explain:

   (4) Please describe the qualifications of staff who will deliver services, including relevant certifications, clean driving record. You may upload documentation that speaks to staff qualifications.

   (5) What languages are spoken by program staff?

   (6) How does your organization measure success?

   (7) How do you expect to be compensated for services? Select all that apply.
      o School system funds
      o Direct client payments
      o Other (please describe):

**3.  Vision and dental care services**
   (1) Which categories best describe this program's school-based service? Select all that apply.
   - o   Dental screenings
   - o   Routine dental cleanings
   - o   Basic dental care, including fillings and extractions
   - o   Vision screenings and prescriptions
   - o   Comprehensive eye exams
   - o   Intensive medical eye care, including treatment of eye diseases
   - o   Glasses – frames and lenses
   - o   Specialist referrals
   - o   Other (please describe):

   (2) Please describe your track record, if any, in working with schools.

   (3) Do you employ state-certified vision and/or dental professionals to conduct screenings and treatment? If not, please explain.
   - o   Yes
   - o   No. Please explain:

   (4) Please describe the qualifications of staff who will perform school-based services, including relevant education, work experience, and certifications. You may upload documentation that speaks to staff qualifications.

   (5) What languages are spoken by program staff?

   (6) How does your organization track, monitor and assess the results for this program?

   (7) Please describe measurable program outcomes for the past three years.

   (8) How do you expect to be compensated for your services? Select all that apply.
   - o   Medicaid reimbursement
   - o   Other insurance
   - o   Existing grant funding that your organization/company has secured
   - o   School system funds
   - o   Direct client payments
   - o   Other (please describe):


**4. Expanding school-based health center services**
   (1) Which categories best describe this program's school-based service? Select all that apply.
   - o   Health education (not related to physical activity or nutrition, see wraparound service #6)
   - o   Routine health screenings (glucose, blood pressure, etc.)
   - o   Flu shots or other vaccination services
   - o   Physical exams
   - o   Sick appointments
   - o   Prescriptions
   - o   Specialist referrals

o   Other (please describe):

(2) Please describe your track record, if any, in working with schools.

(3) Do you employ state-certified medical professionals to conduct care? If not, please explain.
   o   Yes
   o   No. Please explain:

(4) Please describe the qualifications of staff who will perform school-based services, including relevant education, work experience, and certifications. You may upload documentation that speaks to staff qualifications.

(5) What languages are spoken by program staff?

(6) How does your organization track, monitor and assess results for this program?

(7) Please describe measurable program outcomes for the past three years.

(8) How do you expect to be compensated for services? *Employees performing services must be licensed to    receive payment for services.* Select all that apply.
   o   Medicaid reimbursement
   o   Other insurance
   o   Existing grant funding that your organization/company has secured
   o   School system funds
   o   Direct client payments
   o   Other (please describe):


**5. Additional social workers, counselors, and restorative practice coaches**
   (1) Which school-based services best describe your program? (check all boxes that apply)
      o   Social Workers
      o   Counselors
      o   Restorative Practice Coaches

   (2) Please describe your track record, if any, in working with schools.

   (3) Please describe the qualifications of staff who will perform school-based services, including relevant education, work experience, and certifications. You may upload documentation that speaks to staff qualifications.

   (4) What languages are spoken by program staff?

   (5) How does your organization track, monitor and assess the results for this program?

   (6) Please describe your measurable program outcomes for the past three years.

**FOR SOCIAL WORKERS**

(1) Are the personnel responsible for providing counseling services certified in their field? If no, please explain.
- o Yes
- o No. Please explain:

(2) Are the personnel responsible for providing direct social work services licensed by the Maryland Board of     Social Work Examiners as a Licensed Certified Social Worker-Clinical (LCSW-C)? If no, please explain
- o Yes
- o No. Please explain:

(3) How do you expect to be compensated for services? (check all that apply)
- o Medicaid reimbursement
- o Other insurance
- o Existing grant funding that your organization/company has secured
- o School system funds
- o Direct client payments
- o Other (please describe):

**FOR COUNSELORS:**

(1) Are the personnel responsible for providing counseling services certified in their field? If not, please explain.
- o Yes
- o No. Please explain:

(2) Are the personnel responsible for providing direct social work services licensed by the Maryland Board of Professional Counselors and Therapists as a Licensed Clinical Professional Counselor (LCPS)? If no, please explain
- o Yes
- o No. Please explain:

(3) How do you expect to be compensated for services? (check all that apply)
- o Medicaid reimbursement
- o Other insurance
- o Existing grant funding that your organization/company has secured
- o School system funds
- o Direct client payments
- o Other (please describe):

**FOR RESTORATIVE PRACTICES PROFESSIONALS:**

(1) Are the personnel responsible for providing direct services certified in Restorative Practices?

If no, please explain.
- o Yes
- o No. Please explain:

(2) How do you expect to be compensated for services? (check all that apply)
- o Medicaid reimbursement
- o Other insurance
- o Existing grant funding that your organization/company has secured
- o School system funds
- o Direct client payments
- o Other (please describe):

(3) Demonstrate your organization's experience in leading Restorative Practices training, circles, or
Community conferencing.

6. **Enhancing physical wellness, including providing food for in-school and out-of-school time**
   Which school-based service(s) best describes your program?

- Food distribution (e.g. food pantry, weekend backpacks) [IF CHECKED, GO TO FOR FOOD PROGRAMS  QUESTIONS]
- Physical activity programming, including sports clubs [IF CHECKED, GO TO FOR PHYSICAL ACTIVITY PROGRAMS QUESTIONS]
- Nutrition wellness education [IF CHECKED, GO TO FOR NUTRITION PROGRAMS QUESTIONS]

**FOR FOOD DISTRIBUTION PROGRAMS**:

(1) How frequently are you able to distribute food to students at a school?
- o More than once a week
- o Once every 1-2 weeks
- o Once every 3-4 weeks
- o Once monthly
- o Less than once a month

(2) If your program is currently operating at a school, how many students currently use this service at one school?

(3) How do you conduct outreach about your program?

(4) Please describe what a typical household receives during a food distribution event.

(5) Please describe how you tailor your food offerings to students of varied cultural backgrounds.

(6) What languages are spoken by program staff?

(7) How does your organization track, monitor and assess the results for this program?

(8) Please describe measurable program outcomes for the last three years.

(9) How do you expect to be compensated for your services? Select all that apply.
- o Existing grant funding that your organization/company has secured
- o School system funds
- o Direct client payments
- o Other (please describe):

**FOR PHYSICAL ACTIVITY PROGRAMS:**
(1) How frequently are you able to offer services at a school?
- o More than once a week
- o Once every 1-2 weeks
- o Once every 3-4 weeks
- o Once monthly
- o Less than once a month

(2) Please describe the qualifications of staff who will perform school-based services.

(3) What languages are spoken by program staff?

(4) If your program is currently operating at one or more schools, how many students currently use this service?

(5) How do you conduct outreach about your program?

(6) How does your organization track, monitor and assess the results for this program?

(7) Please describe measurable outcomes for the last three years.

(8) How do you expect to be compensated for your services? Select all that apply.
- o Existing grant funding that your organization/company has secured
- o School system funds
- o Direct client payments
- o Other (please describe):

**NUTRITION WELLNESS EDUCATION PROGRAMS:**
(1) Please describe the qualifications of staff who will perform school-based services.
(2) What languages are spoken by program staff?
(3) How do you conduct outreach about your program?
(4) Does the program(s) have an established theory of change? If so, please describe.
(5) Does the program(s) have a logic model? If so, please provide.
(6) How does your organization track, monitor and assess results for this program?
(7) Please describe measurable program outcomes for the last three years. Please align with your theory of   change or logic model if applicable.

**7. Enhancing behavioral health services including access to mental health practitioners and providing professional development to school staff to provide trauma-informed interventions**

(1) Which school-based service(s) best describes this program? Select all that apply.
- o Diagnostic assessment / evaluation
- o Psychotherapy
- o Off-site counseling services
- o On-site therapy
- o Therapeutic mentoring
- o Medication assessment / management
- o Trauma training
- o Other (please describe):

(2) Please describe your track record, if any, in working with schools.

(3) Do you employ professional counselors and therapists that meet Maryland State Board licensure and certification requirements? If not, please explain.
- o Yes
- o No. Please explain:

(4) Please describe the qualifications of staff who will deliver services, including relevant education, work experience, and certifications. You may upload documentation that speaks to staff qualifications.

(5) What languages are spoken by program staff?

(6) How does your organization measure success?

(7) Please describe measurable program outcomes for the past three years.

(8) How do you expect to be compensated for services? Select all that apply.
- o Medicaid reimbursement
- o Other insurance
- o School system funds
- o Direct client payments
- o Other (please describe):

**8. Providing family and community engagement and supports (language classes, workforce development training)**

(1) Which school-based service(s) best describes this program? Select all that apply.
- o Language classes
- o Parenting classes
- o Adult Basic Education
- o Workforce development/job training
- o Other (please describe):

(2) Please describe the qualifications of staff who will perform school-based services.

(3) What languages are spoken by program staff?

(4) Does the program(s) have an established theory of change? If so, please describe.

(5) Does the program(s) have a logic model? If so, please provide.

(6) How does your organization track, monitor and assess the results for this program?

(7) Please describe measurable program outcomes for the last three years. Please align with your theory of change or logic mode if applicable.

(8) How do you expect to be compensated for your services? Select all that apply
  o Existing grant funding that your organization/company has secured
  o School system funds
  o Direct client payments
  o Other (please describe):


9. **Establishing and enhancing linkages to Judy Centers (early childhood)**
  (1) Which of the following wraparound services specifically designed for preschool children and their families can your program provide (Select all that apply):
    o Health Care
    o Adult Education
    o Identification of Special Needs and Early Intervention
    o Childcare
    o Parenting Classes
    o Family Literacy
    o English as a Second Language Classes
    o Other (please describe)
    o Referrals only

  (2) Please describe prior experience with providing services to preschool children and families.

  (3) What languages are spoken by program staff?

  (4) What change in skills, knowledge, or behaviors do children or families demonstrate from participating in your program or service(s)?

  (5) How does your organization track, monitor and assess results for this program or service?

  (6) Please describe measurable outcomes demonstrating the effectiveness of your program or service(s) for the last three years.

10. **Enhancing student enrichment experiences**
    (1) Please select when your program is available (check all that apply):
        o Before school
        o After school
        o Weekends
        o Summer camp

    (2) Please describe your track record, if any, in working with schools.

    (3) Which type of programming will be provided? (check one)
        o Art, Music, Dance, Theater
        o Entrepreneurial Education
        o Technology, Video or Media
        o Mentoring
        o STEM
        o Drug/Violence Prevention
        o Character Education
        o Etiquette
        o Learning a Second Language
        o Service Learning
        o Other (please describe)

    (4) Please describe the qualifications of staff who will perform school-based services.

    (5) What languages are spoken by program staff?

    (6) Does the program(s) have an established theory of change? If so, please describe.

    (7) Does the program(s) have a logic model? If so, please provide.

    (8) How does your organization track, monitor and assess the results of this program?

    (9) Please describe measurable program outcomes for the last three years. Please align with your theory of change or logic mode if applicable.

11. **Improving student attendance**
    (1) Please describe your track record, if any, in working with schools.

    (2) Describe the method your program uses to reduce rates of chronic absence among students.

    (3) What evidence can you provide that shows your method is a proven best practice?

    (4) Describe the qualifications of personnel responsible for the various elements of service delivery.

(5) What languages are spoken by program staff?

(6) Does the program have an established theory of change? If so, please describe.

(7) Does the program have a logic model? If so, please provide.

(8) How does your organization track, monitor and assess the results of this program?

(9) Please describe measurable program outcomes for the last three years as it relates to improving student attendance. Please align with your theory of change or logic mode if applicable.


**12. Improving the learning environment at school**

(1) Please describe your track record, if any, in working with schools.

(2) Describe the method your program uses or the material inputs to improve the learning environment at school.

(3) What evidence can you provide that shows your method or inputs are a proven best practice?

(4) Describe the qualifications of personnel responsible for the various elements of service delivery.

(5) What languages are spoken by program staff?

(6) Does the program have an established theory of change? If so, please describe.

(7) Does the program have a logic model? If so, please provide.

(8) How does your organization track, monitor and assess the results of this program?

(9) Please describe measurable program outcomes for the last three years as it relates to improving student attendance. Please align with your theory of change or logic mode if applicable.

**13. Any other professional development for school staff to identify students who need resources**

(1) Please describe your track record, if any, in providing professional development to school staff or other education professionals.

(2) Please describe the qualifications of staff who will perform school-based services.

(3) What languages are spoken by program staff?

(4) How do you measure success?

(5) Please describe the program's outcomes for the past three years.

(6) How do you expect to be compensated for your services?
- o Existing grant funding that your organization/company has secured
- o School system funds
- o Direct client payments
- o Other (please describe):

Would you like to submit an application for another program? (You may submit up to 4 programs within your application.)


## Thank you and Next Steps

We appreciate your interest in applying to be a Preferred Provider for Prince George's County Community Schools Initiative. We will carefully review each application and decision notifications will be emailed to all organizations by May 31.

Thank you for your continued commitment to young people in our community, we look forward to staying in touch!


## Important Dates
- o April 26:            Application opens
- o May 6:              Last day to submit applications
- o May 7-24:          Review of submitted applications
- o May 27-31:        Partner selection notifications


**Questions**
Questions may be sent to PGCommSchools@uwnca.org at any time related to this RFA.

**Application Deadline**
Applications and attachments must be submitted by Monday, May 6  2024, at 11:59 pm. Successfully submitted applications will receive a confirmation email within one (1) business day. Applications without a confirmation email, late, or incomplete will not be reviewed.


BACKGROUND CHECKS FOR COMMUNITY SCHOOLS VENDORS
**All vendors must adhere to the PGCPS MOU/Consultant Agreement they signed that specifically states:**

***G. Criminal Background Screening***

*Consultant and any of their employees working under this contract shall be responsible for obtaining criminal background checks pursuant to this section. Consultant's failure to properly investigate and certify past criminal convictions may result in termination of this contract.*

1. ***Employees Having Direct In-Person or Virtual Contact with Students:***

    1. *Any and all current and future employees of Consultant who have direct in-person or virtual contact with students must have a fingerprinting criminal background check conducted by the Maryland Criminal Justice Information System (CJIS) and the Federal Bureau of Investigation, a Child Protective Services (CPS) clearance conducted by the Prince George's County Department of Social Services, and complete the SafeSchools training module "Prince George's County Child Abuse: Mandatory Reporting" and any other required training as appropriate.*

    2. *All background checks must be completed fifteen (15) business days prior to beginning work in and around PGCPS property or engaging in any authorized activities involving PGCPS students. The background checks must be completed by the Fingerprinting Office in the Sasscer Administrative Building or by the PGCPS satellite fingerprinting offices located in Prince George's County. No person may begin working in PGCPS until fifteen (15) days after completing the background clearance process (fingerprint and CPS) and required online training through SafeSchools.*

    3. *Prior to initiating any work at a school building, current and future employees of Consultant must sign in and sign out via the Raptor Visitor Management System, which requires a copy of their government issued identification.*

    4. *Pursuant to Md. Education Code Ann. §6-113.2 (Code), a contractor of a board of education who provides a services to a school or the students of a school shall meet the requirements set forth for screening its employees assigned to work at a school site to determine whether such employees have a history of child sexual abuse and/or sexual misconduct. Consultant shall be solely responsible for completing the screening set forth in the Code, shall maintain records of employee screenings, and shall make such records available to PGCPS upon request.*

According to Administrative Procedure 4215 - CRIMINAL HISTORY CHECKS, EMPLOYEE SELF-REPORTING OF ARRESTS, CRIMINAL CHARGES, CPS INVESTIGATIONS AND FINDINGS & INCARCERATION

*In each department/school that has an MOU where external staff works at school sites, that office is responsible for maintaining compliance documentation.*

*Each department contracting with a vendor/contractor to provide services to students or to work in school buildings, eg. electrical or plumbing repair, etc. in which the contractor has uncontrolled access to PGCPS students must receive and retain a receipt documenting the completion of a fingerprint background check and CPS clearance check and certificates of completion for the required SafeSchools training modules from each employee of the vendor/contractor.*