



2015/2016 ARTS Engage! Request for Qualifications (RFQ)

RFQ 059-15-1150 APPLICATION

The County of Lackawanna

Department of Human Services,

Office of Youth and Family Services

DHS/OYFS

in partnership with

The Department of Arts and Culture

Release Date: February 28, 2015 Information Seasonal: March 10, 2015 Trolley Museum 9 am - 10 am March 11, 2015 Questions Submitted by: Application Deadline: March 27, 2015 2:00 pm Notification: May 15, 2015 Contract Effective Date: July 1, 2015 June 30, 2016 Contract End Date:

PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS by FRIDAY, March 27, 2015 by 2:00 p.m.

Four (4) copies of the proposal must be provided. Proposals must be submitted to the Board of Commissioners c/o: Steve Barcoski, Interim Chief of Staff
200 Adams Avenue, 6th Floor
Scranton, Pennsylvania 18503.

Proposals must be submitted in a sealed envelope with the name of the firm submitting the proposal and the RFQ number clearly marked on the outside of the envelope. The County assumes no responsibility for delays in any form of carrier, mail, or delivery service causing the submission to be received after the above-referenced due date and time. Submissions by fax, telephone, or email is not permitted. The final selection will be made in the sole discretion of the Board.

The 2015-2016 ARTS Engage! Consortium RFQ Application is available in a PDF form for your convenience. An excel format is available for the budget amounts, if you prefer working with excel. The four to six (4-6) page narrative may be submitted as a word document. Artist bio or resume (1-2 pages ONLY) is mandatory. Work samples are no longer required, but must be provided upon request. Please submit a legible application for the review panel to fully understand your request.





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APPLICANTS SHOULD NOTE THAT ANY AND ALL WORK INTENDED TO BE SUBCONTRACTED AS PART OF THE BID SUBMITTAL MUST BE ACCOMPANIED BY BACKGROUND MATERIALS AND REFERENCES FOR PROPOSED SUBCONTRACTORS(S) -- NO EXCEPTIONS

Lackawanna County Qualification Base Selection Process

The statement of qualifications will be evaluated in accordance with the County's Qualifications Base Selection Process.

Anyone submitting a statement of qualifications is advised to review that process, which is set forth on the County's website.





APPENDIX "A"

2015 / 2016 ARTS ENGAGE! CONSORTIUM RFQ 059-15-1150 Cover Page

Name of Coordinating Consortium Partner				Da			Date		
Street Address				City				Zip	
Mailing (if different from Street Address)			City	City				Zip	
Federal Tax ID#			Phone				Fax		
Coordinating Partne	er Contact	Title	Email				Contact Phone		
Alternate Contact 1		AC 1 Title		AC 1 I	AC 1 Email		AC 1 Phone		
Alternate Contact 2	2	AC 2 Title		AC 2 Email			AC 2 Phone		
Emergency Contac	t		Emergency Phone Eme		Emergency C	mergency Cell or other			
Anticipated number of Students to be served		Anticipated number of Artists- Instructors	Artist Instructor Ratio Venue of Pr to students Location (s)						
Elementary Program									
Middle School Program									
High School Program									
Overall Total									
2015 - 2010	6 ARTS Er	ngage! RFC	059	9-15-1	150	nt requesting	œ.		

amount requesting \$

2015/2016 ARTS Engage!

Consortium RFQ 059-15-1150 - Partnership Form A

APPENDIX "B"

Use this form to list your key consortium partners, the organizations they represent, their role for this project, and their phone number. In the "code" column, use one or two letters to indicate:

"P" Partner – key leaders of the consortium who meet together to plan and shape programs

"TA" Teaching Artist

"A" Advisor – people playing a supporting or consulting role

"B" Business who may be hired

"M" Mentor or Mentoring Organization

"V" for Venue

Contact Name		Organization	Role for this project	Phone Number	Cell Number	email			
Social Services Organization									
Arts Organization									

2015/2016 ARTS Engage!

Consortium RFQ 059-15-1150 - Partnership Form B

APPENDIX "C"

Consortium Partnership Form page 2

Use this form to list your key consortium partners, the organizations they represent, their role for this project, and their phone number. In the "code" column, use one or two letters to indicate:

"P" Partner – key leaders of the consortium who meet

together to plan and shape programs

"TA" Teaching Artist

"A" Advisor – people playing a supporting or consulting role

"B" Business who may be hired

"M" Mentor or Mentoring Organization

"V" for Venue

Contact Name		Organization	Role for this project	Phone Number	Cell Number	email			
Community Organizations									
Teaching Artists									

2015/2016 ARTS Engage! Consortium RFQ 059-15-1150 - Partnership Form C

APPENDIX "D"

Consortium Partnership Form page 3

Use this form to list your key consortium partners, the organizations they represent, their role for this project, and their phone number. In the "code" column, use one or two letters to indicate:

"P" Partner – key leaders of the consortium who meet

together to plan and shape programs

"TA" Teaching Artist

"A" Advisor – people playing a supporting or consulting role

"B" Business who may be hired

"M" Mentor or Mentoring Organization

"V" for Venue

		Organization	Role for this project	Phone Number	Cell Number	email		
Schools / Universities / Colleges								
Mentors / Mentorship	Orga	nizations						

APPENDIX "E" 2015 / 2016 ARTS Engage! Consortium RFQ 059-15-1150 Budget

Coordinating Consortium Partner		2015 -2016 July 1, 2015 – June 30, 2016			
	Elementary	Middle School	High School	Consortium	
EXPENSES	Program	Program	Program	Amount	
Consortium Administrative not to exceed 15% of total budget					
Administrative Salaries					
Benefits					
Administration Area (space, utilities, phone)					
Program Personnel					
Artists - Instructors					
Program Staff					
Arts Organization					
Advisory Consultants					
Materials - Supplies please specify					
Marketing Materials					
marketing materials					
Transportation-Off Site Programs - Field Trips –Outings					
Transportation-On Site Programs - Field Trips -Outlings					
TOTAL EVENION					
TOTAL EXPENSES					
Income					
ARTS Engage! Consortium Grant Request					
TOTAL INCOME					
In- Kind Support					
TOTAL IN-KIND SUPPORT					
Budget Summary (these amounts will be filled in automatically f	rom the amou	nts above)			
ARTS Engage! Consortium Grant Request					
Cash Matched (confirmed and anticipated)					
Cash income not including ARTS Engage! Consortium Amount					
In-Kind Support (total donated services and materials)					
TOTAL PROJECT BUGET					

APPENDIX "F" 2015 / 2016 ARTS Engage! Consortium RFQ 059-15-1150 Personnel RFQ Worksheet

Any pe	ersonnel co	st for your ARTS Engage! programs shoul	d be broken down p Cost per day	er day, per hour and Number of	or per session.
			day/hour /session	days/hour /session	Total
Coordinatir	ng Partner	direct administrative costs	/56551011	/56551011	Total
Admin.					
Other					
Other					
	Coordinatir	ng Partner direct administrative costs TOTOL			
Elementary					
	g Artist 1				
Teachin	g Artist 2				
Teachin	g Artist 3				
Teachin	g Artist 4				
Teachin	g Artist 5				
Program	n Staff 1				
	n Staff 2				
Program	n Staff 3				
Other					
Other					
		Elementary School Program TOTAL			
Middle Sch	ool Progra	ı <u>m</u>			
Teachin	g Artist 1				
Teachin	g Artist 2				
Teachin	g Artist 3				
Teachin	g Artist 4				
Teachin	g Artist 5				
Program	n Staff 1				
Program	n Staff 2				
Program	n Staff 3				
Other					
Other					
		Middle School Program TOTAL			
High School	ol Program				
Teachin	g Artist 1				
Teachin	g Artist 2				
Teachin	g Artist 3				
Teachin	g Artist 4				
Teachin	g Artist 5				
	n Staff 1				
	n Staff 2				
Program	n Staff 3				
Other					
Other					
		High School Program TOTAL			