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| **PROGRAM NARRATIVE** |
| **Applicant’s Background and Experience** |
| 1. What is the Applicant’s experience with administering programs of a similar scale and scope? |
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| 1. What is the Applicant’s experience with working with Youth in a prevention capacity and Youth development programming? |
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| 1. How is your organization currently performing on any existing DFPS and/or CYD grants or contracts? In the response, address whether, over the current contract term, the organization: meets output and outcome performance measures; submits timely program reporting and billing; has or has had monitoring findings. |
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| 1. Please list all organizational affiliations. |
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| 1. None of the funds, materials, property or services contributed by the parties under this contract will be used in the performance of this contract for any partisan political activity, or to further the election or defeat of any candidate for public office. In addition, none of the funds reimbursed under this contract will be used to pay the salary or the expenses of anyone for any activity designed to influence legislation or appropriation pending before legislative bodies of the state or federal government.   Please list any potential conflicts of interest. |
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| 1. Optional: Provide Letters of Support and label as Attachment I-1 Letters of Support. |
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