



Request for Statement of Qualifications for  
**Expanded Learning Programs**  
Deadline for Response: 5:00pm, January 31, 2024

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## Appendices

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# Request for Statement of Qualifications for Expanded Learning Programs

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## I. INTRODUCTION

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## Background

## II. INSTRUCTIONS

[Tina-Alvarez-](#)

Thursday, January 25, 2024 at 2:00 p.m.

Please note:

Do not contact or solicit schools regarding this RFQ. All questions must come through the Contracts Office.

III. ELIGIBLE AGENCIES

IV. AWARD AMOUNTS AND DURATION

Time Period:

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Aspects of reporting are subject to change based on state requirements.

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VI. PROGRAM ELEMENTS

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**VII. CONTENTS FOR STATEMENT OF QUALIFICATIONS**

Statement of Qualifications that do not adhere to the following format will be disqualified.

- A
- B.
- C.

**Need for Program:**

**Program Design:**

**Program Description**

## Elements of High-Quality Programming



**Success and Sustainability:**

**Record of Success**



**Appendix A**

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**Deadline for Submittal: January 31, 2024**

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**PLEASE CIRCLE WHICH SEGMENT(S) YOUR PROGRAM IS FOR:**

**ELEMENTARY SCHOOL(S)**

**MIDDLE SCHOOL(S)**

**HIGH SCHOOL(S)**

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

**Grant Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State & Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Sign in blue ink)**

\_\_\_\_\_

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

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

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

\_\_\_\_\_

## Appendix B

	<b>Program Plan</b>

The agency will comply and work collaboratively with SCUSD to uphold certified assurances.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appendix C

PROGRAM GOALS

statistical & measurable

## Appendix D

### SCUSD Qualified Providers List

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