

[VENDOR PLEASE PRINT THIS ON OFFICIAL LETTERHEAD IF POSSIBLE]

Checklist for Completeness

Name of Organization submitting Proposal:

Check off each item that the proposal contains:

- ☐ Proposal transmittal sheet
- ☐ Proof of liability insurance
- ☐ Proof of Worker's Compensation
- ☐ IRS Form W9 - Request for Taxpayer Identification Number and Certification
- ☐ Section A - Qualifications and Experience
 - ☐ Work samples (optional-maximum of 2)
- ☐ Section B - Project Approach
 - ☐ Letters of commitment
- ☐ Section B - Work Plan
- ☐ Section C - Budget Proposal
 - ☐ Budget Narrative

[VENDOR PLEASE PRINT THIS ON OFFICIAL LETTERHEAD IF POSSIBLE]

Alcohol in the College/University Environment

ATTACHMENT 1: PROPOSAL TRANSMITTAL SHEET

The vendor must type this Proposal Transmittal Sheet. The certification section at the bottom of this sheet must be signed by the Project Director for the application and the Executive Director of the applying organization. Where possible, the transmittal sheet should be reproduced on the vendor's official letterhead.

Vendor's Legal Entity Name:	
Vendor Federal Employer Identification Number:	
Project Director Name:	
Project Director Mailing Address:	
Contact E-Mail:	
Phone Number:	
Fax Number:	
Activities: <input type="checkbox"/> Assess alcohol-related consequences <input type="checkbox"/> College policies <input type="checkbox"/> Educate campus <input type="checkbox"/> Alcohol awareness day <i>Proposals may address more than one activity. The maximum funding per proposal remains \$10,000</i>	
Certifications As the Project Director for this application, I certify that all information provided in this application is correct and accurate to the best of my knowledge. Project Director Signature _____ Date: _____ Name and Title with Organization: _____ As the Chief Financial Officer for the organization submitting this application, I am supportive of this application and commit my organization to fully engaging in the work plan provided in this application. Financial Officer Signature _____ Date: _____ Name and Title with Organization: _____ <i>If said individual is not the institution's Chief Financial Officer, please attach evidence showing the individual's authority to bind the proposing entity.</i>	

ATTACHMENT 2:
SECTION A: QUALIFICATIONS AND EXPERIENCE
No more than two (2) pages, Times New Roman, 11 point font

VENDOR NAME:	
1.	Provide a list of all campuses in New York City that will be involved. Multiple campuses will be given greater weight. (Maximum Score = 5points)
2.	Describe experience partnering with community based organizations (Maximum Score = 5 points)
3.	Describe prior experience conducting the type of activity/activities selected. Experience working at the system or organizational, rather than individual, level will be given greater weight. (Maximum Score =20points)
4.	Describe how programmatic and financial ends of the project will be managed. Explain how will it be staffed and who will be responsible.(Maximum Score = 10 points)
5.	Describe the systems for contract negotiation and financial oversight (Maximum Score=10)
Total Maximum Score for Section A is 50 points.	

ATTACHMENT 3:
SECTION B: PROJECT APPROACH
No more than two (2) pages, Times New Roman, 11 point font

VENDOR NAME:
1. Describe how the selected activity/activities fit within the mission or goals of the student organizations, departments, programs, or staff members to be involved. (Maximum Score = 5points)
2. Complete Work Plan (Attachment 4) (Maximum Score = 20 points)
3. Describe and provide letters of commitment from current or new partners the college/university will engage. (Maximum Score = 15 points)
Total Maximum Score for Section B is 40 points.

**ATTACHMENT 4:
SECTION B: WORKPLAN
NYC DOHMH**

**College/University Work Plan
ADD ROWS AS NEEDED**

Please select the strategy this application is addressing: <i>Include all selected activities in this work plan.</i> <input type="checkbox"/> Assess alcohol-related consequences among college students <input type="checkbox"/> Assess/improve college alcohol policies and their implementation <input type="checkbox"/> Educate the campus community on the effects of alcohol advertising on youth <input type="checkbox"/> Organize an alcohol awareness day				
Activity	Timeline	Lead staff	Key partners	Documentation
Briefly describe the activity or activities that your organization will conduct to address the selected strategy/strategies	This may be easier to plan on a monthly basis	List the person or people who will be responsible for each activity	List the key partners that will work with you to conduct the activity	Briefly describe how you will document or report that the activity is complete. This documentation will be needed as justification of work completed and will be specified as such in the contract between the Fund for Public Health in New York and the selected college/university.

ATTACHMENT 5:

SECTION C: BUDGET PROPOSAL – DELIVERABLE BASED BUDGET

VENDOR NAME:			
Please attach a narrative justification for the resource allocations in this budget			
<u>OBJECTIVE A:</u> Provide details on the planned activities for project at launch meeting to be held within 3 weeks of project's inception (Required)			
Activities	Documentation	Date of Completion	Maximum Compensation
<u>OBJECTIVE B:</u> Participate in meetings to update DOHMH on the status of the project (Required)			
Activities	Documentation	Date of Completion	Maximum Compensation
<u>Objective C:</u> Provide a preliminary draft report of the project findings at least 3 weeks prior to the submission of the final report (as appropriate)			
Activities	Documentation	Date of Completion	Maximum Compensation
<u>OBJECTIVE D:</u> Submit final edited report to DOHMH (as appropriate)			
Activities	Documentation	Date of Completion	Maximum Compensation
Maximum potential compensation = \$10,000		Total Compensation	