

STATEMENT OF WORK  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF FAMILY SUPPORT

Type of Contract Proposed:  
Cost Reimbursement/Unit Cost

I. IDENTIFYING INFORMATION

Legal Name of Provider: (as shown on Articles of Incorporation)

Program Title: (if different) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Street Address, Zip (if different): \_\_\_\_\_

Provider Contact Person (for this project): \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Provider IRS Number: \_\_\_\_\_

Provider Representative Authorized to Sign Contract:

Name and Title: \_\_\_\_\_ Phone: \_\_\_\_\_

The provider representative authorized to sign the contract is the only person over whose signature major changes in the proposal can be requested. This individual must authorize all requests for reimbursement: (and budget revisions when applicable) unless other persons are designated by written authorization to do so.

Additional provider representative authorized to request reimbursement for services rendered:

\_\_\_\_\_  
(Name and Title)

II. SERVICE(S) PROPOSED:

A. Service(s): Children's Defense Fund (CDF) Freedom School Program

B. Total Funding Requested: \_\_\_\_\_

C. Contract Dates January 1, 2010 – August 31, 2010

III. GEOGRAPHIC AREA

Specify geographic area to be served by designating: parish(es) or region(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. TERMS OF PAYMENT

Cost Reimbursement for books and training prior to the start of the program.

Unit Cost = \_\_\_\_\_ per participant per day.

V. OPERATING SCHEDULE

A. Begin and end date of Freedom School \_\_\_\_\_

B. Operating hours of program \_\_\_\_\_

C. Days per week services are to be delivered \_\_\_\_\_

D. Length of Freedom School Six Weeks

VI. PARTICIPATIONS DETAILS

Number of participants/slots: \_\_\_\_\_

Target Population – Clearly identify the target population and the number of children that will benefit from this program.

VII LOCATION OF FACILITIES

Include below the location of all administrative and service delivery sites to be utilized in the program described in the proposal. Specify which sites are administrative, service location, or both. If the name of individual facilities differs from your agency's legal name, indicate accordingly.

Facility Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Administrative Site If Different \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

## VIII. PROGRAM NARRATIVE

The Program Narrative should thoroughly address each of the following aspects of the proposed CDF Freedom Schools summer program.

1. Description of the program and need for this service – Describe what the program does on a daily basis. Why is this service necessary in your area? Provide a brief but detailed description of the needs to be addressed by this program. Describe both the short term and long term benefits of the program. Must describe in detail how off site activities (field trips) relate to the program and how the activities benefit the children served. Also describe what activity you plan for your Social Action Day and when it will be held. No overnight or out of state trips allowed.
2. Target population – Clearly identify the target population and the number of children that will benefit from this program.
3. Program Qualification – Has your organization operated a CDF Freedom Schools summer program in the past? Any summer program? If so, describe your prior experience providing this service. If not, describe the experience and credentials of your organization that would qualify it to provide to this service.
4. Program goals – Please describe how many children you plan to serve. Besides the number of children you plan to serve, describe what are other measurable goals for outcomes of this service?
5. Program Staff – Describe how you plan to recruit qualified professional staff for your program?
6. Description of partnerships and collaborations – Will your organization partner or collaborate with other groups to promote and deliver this service? If yes, describe how your organization will do this?
7. Community Outreach – Describe the methods you will use to promote this program. Specifically, how do you plan to reach your target population with information regarding the program?