



Maureen McGuigan
Deputy Director
Department Arts and Culture
300 Cliff Street
Scranton, PA 18503
Office 570.963.6590, ext. 102
mcguiganm@lackawannacounty.org
www.LackawannaCounty.org

2019/2020 ARTS Engage! Request for Qualifications (RFQ)

RFQ 060-19-1150 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:
March 1, 2019

Questions Submitted by:
Friday, March 8, 2019

Mandatory Informational Session held at:
Electric City Trolley Museum
March 12, 2019
9am-10am

RFQ Deadline:
2:00 pm Friday, March 22, 2019

Contract Effective Date:
July 1, 2019

Contract End Date:
June 30, 2020

PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS by

FRIDAY, March 22, 2019 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: Fran Pantuso, Chief of Staff
Lackawanna County Government Center 6th Floor
123 Wyoming Avenue
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 2019-2020 ARTS Engage! Consortium RFQ Application is available in as a word .DOC or PDF format for your convenience. 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 not 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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RFQ 060-19-1150 APPLICATION

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



**2019/2020ARTS Engage! Consortium RFQ 060-19-1150
Application**

Name of Coordinating Consortium Partner Date

Mailing Address City State Zip

Federal Tax ID # Phone Fax

Coordinating Partner Contact Title email Phone

Alternate Contact 1 AC 1 Title AC 1 email Phone

Alternate Contact 2 AC 2 Title AC 2 email Phone

Emergency Contact Title email Phone

Requested Amount Signature of Coordinating Consortium Partner

Name of Coordinating Consortium Partner

List your key consortium partners, the organizations contact name, phone number(s), email and their role for the consortium.

| Organization Partner | Contact Name | Phone | email |
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Name of Coordinating Consortium Partner

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|--|--|
| ARTS Engage! Funding Requested for 2019-2020 | |
| Applicant Matching Funds for 2019-2020 | |
| Total ARTS Engage! Program Costs | |

INKIND

| In-Kind Description | In-Kind Amount |
|---------------------------|----------------|
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| In-Kind Total Cost | |

Consortium RFQ 060-19-1150 - **Budget Administration Cost of Program**

APPENDIX "C"

Name of Coordinating Consortium Partner

ADMINISTRATIVE COST OF PROGRAM

| Administration Costs Expenses | Administration ARTS Engage! | Administration Program Match | Administration Total |
|--|--------------------------------|---------------------------------|-------------------------|
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| Administration Cost of Program Totals | | | |

APPENDIX "C"

This Direct Cost Budget form must be completed for each individual program. One individual program per sheet.

Name of Coordinating Consortium Partner

Direct Program Costs

Program 1

| | |
|------------------------------|--|
| Name of ARTS Engage! Program | |
| Age Group Served | |
| Maximum Number of Students | |

| Direct Program Expenses | Direct Program ARTS Engage! | Direct Program Match | Direct Program Totals |
|-----------------------------------|--------------------------------|-------------------------|--------------------------|
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| Direct Program Cost Totals | | | |

This Direct Cost Budget form must be completed for each individual program. One individual program per sheet.

Name of Coordinating Consortium Partner

Direct Program Costs

Program 2

| | |
|------------------------------|--|
| Name of ARTS Engage! Program | |
| Age Group Served | |
| Maximum Number of Students | |

| Direct Program Expenses | Direct Program ARTS Engage! | Direct Program Match | Direct Program Totals |
|-----------------------------------|--------------------------------|-------------------------|--------------------------|
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| Direct Program Cost Totals | | | |

This Direct Cost Budget form must be completed for each individual program. One individual program per sheet.

Name of Coordinating Consortium Partner

Direct Program Costs

Program 3

| | |
|------------------------------|--|
| Name of ARTS Engage! Program | |
| Age Group Served | |
| Maximum Number of Students | |

| Direct Program Expenses | Direct Program ARTS Engage! | Direct Program Match | Direct Program Totals |
|-----------------------------------|--------------------------------|-------------------------|--------------------------|
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| Direct Program Cost Totals | | | |