

**Request for Proposals for Providers of  
Expanded Learning Opportunities  
FY 2018 - 2019**

**Cover Page**

**Provide all relevant contact information. This serves as the cover to the proposal and must be signed by an authorized representative of the organization.**

Organization Name:

Address:

City, State, Zip Code:

Name of proposed program:

Content area:

Supporting school-day academic learning

Exploring technology

Caring for the whole child

Discovering arts and culture

Leadership and career pathways

Amount Requested:

Date:

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Signature

Print Name/Title