



FALL RIVER MASSACHUSETTS

FOR YOUTH INITIATIVE VENDOR APPLICATION CITY OF FALL RIVER

The Office of the Mayor is committed to supporting and enhancing the lives of youth in the City of Fall River by providing scholarship opportunities to participate in extra-curricular activities throughout the year. In service of that commitment, the Office of the Mayor is seeking to support strong nonprofit organizations and small businesses located within the City of Fall River that provide quality programming for youth.

Program Name: _____

Address: _____

Program Director/Owner: _____

Program Director/Owner Contact Information:

Email: _____ **Phone:** _____

Please Circle: **Small Business** **Non Profit**

Employer Identification Number: _____

Please indicate how long the business/non-profit has been in existence: _____

How many youth have you provided programming to date: _____

Is there liability insurance for business/non-profit (circle): **Yes** **No**

Please provide liability insurance policy information: _____

Is there workers compensation insurance (circle): **Yes** **No**

Please provide workers compensation policy information: _____

How many scholarship spots are you able to offer this year: _____

Cost of program per youth: _____

Cost of equipment required per youth: _____

Please briefly indicate how your program can effectuate change in the emotional, physical and mental well-being of youth in the City of Fall River.

Opportunities for social interactions	Yes	No
Opportunities for physical activities	Yes	No
Opportunities for educational activities	Yes	No
Opportunity to try something new	Yes	No
Other please indicate:		

Please provide a brief explanation as to how your program was effected by the COVID-19 pandemic.

I understand that in order to be funded, I will need to provide a interim reporting: monthly, per program cycle, or quarterly.

Signature _____ Dated: _____

I understand that in all staff working with children are CORI checked.

Signature _____ Dated: _____

I understand that only Drug and Alcohol Free Facilities are eligible.

Signature _____ Dated: _____

I understand that only youth that are residents of Fall River are eligible.

Signature _____ Dated: _____

I understand that the participating youth's household income cannot exceed \$150,000 to be eligible.

Signature _____ Dated: _____

I understand that funding will be reduced or terminated if I am not in compliance with the required reporting.

Signature _____ Dated: _____

For further information or questions, please contact:

Susan Cavaco

scavaco@fallriverbgc.org

For Youth Initiative Coordinator

Boys & girls Club of Fall River,

508-672-6340

Please Attach to Application:

- **Completed Form W-9**
- **Proof of Liability and Workers Compensation Insurance**
- **Documentation as to breakdown of cost per student / fee / rate schedule**
- **Documentation of any and all certifications**