RESILIENCE CORPS
LEARNING LOSS MITIGATION PATHWAY
INVITATION TO BE A COMMUNITY PARTNER

Letter Of Interest Questions

HIGH-LEVEL INFORMATION

1. Organization Name
2. Lead Contact First Name
3. Lead Contact Last Name
4. Lead Contact Title
5. Lead Contact Email Address
6. Lead Contact Phone Number (###-###-####)
7. If different from above, persons authorized to sign contracts committing the organization

EXPANDED LEARNING PROGRAM INFORMATION

1. Please provide a description and overview of the program(s) Resilience Corps Associates will support. Descriptions should be reflective of the program's alignment to the minimum eligibility requirements listed in LOI.
2. Summarize the primary activity that you would like the Resilience Corps Associates to support.
3. Which school districts does your program serve?
4. Total number of Resilience Corps Associates (staff) requested for your organization.
5. What is the minimum number of Associates that your program can host?
6. What is the maximum number of Associates that your program can host?
7. How many hours per week can your program guarantee for each Associate on a regular basis?
8. Does the program (or programs) serve students during the: summer? academic year? both?
9. Does your expanded learning program offer programming during school breaks? If so, what dates?
10. Please provide projected enrollment numbers for the expanded learning program(s) that Resilience Corps Associates will be supporting.
11. For each participating school site:
   a. Please provide the school's name, address, district, and grade levels served.

APPLICANT CAN CONFIRM

1. My organization has the capacity to manage and supervise Associates on a day-to-day basis.
2. My organization’s expanded learning programs can provide a minimum of 15 hours per week per Associate.
3. My organization can commit to fulfilling a mid-year report, end-of-year report, and employee documentation requirements (fingerprinting, TB testing).

CONTACT US

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WEBSITE
Resilience Corps Website