Hate Crimes Prevention Proposal Form

**Introduction**

Proposals will not be considered for funding if one or more of the questions in this form are incomplete.

Portions of the proposal contents and any clarification to the contents submitted by the successful applicant may become part of the contractual obligation and be incorporated by reference into the contract between the applicant and the City. The City reserves the right to reject any or all proposals and negotiate modifications to a proposal to create a contract of lesser or greater magnitude than described in the submitted proposal.

The applicant that is selected to move forward in the contracting process may be required to provide additional documentation for a pre-award risk assessment, such as audited financial statements.

**Submittal Process**

Proposals must be e-mailed to btap@minneapolismn.gov by

**April 30, 2025 at 4:00 pm.**

**Applicant Information**

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| Applicant Organization Information: |
| Name: |       |
| Federal ID number: (9-digit #) |       |
| Mailing address: |       |
|  |       |
| Applicant Contact Information: |
| Name: |       |
| Title: |       |
| Phone number:  |      |
| E-mail address: |       |

**Proposal**

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| Applicants must provide information about each of the following items: |

1. **Implementation plan**
	1. Please describe how your organization anticipates implementing the Hate Crime Prevention program. Plan should include:
		1. Timeline for implementation
		2. Process for identifying eligible recipients
		3. Details of the services provided
		4. Estimates of the number of recipients served
2. **Organizational capability**
	1. Describe your organizations overall mission and core service lines
	2. Who will be providing the services included in the implementation plan (above), and what are their roles and qualifications?
	3. Who will be the point of contact for the administration of this contract? Please describe their role and capacity.
3. **Prior experience**
	1. Describe your organization’s previous experience in hate crime prevention.
	2. Are there specific populations your organization serves that are vulnerable to being victims of hate crimes? Please describe.
4. **Budget**
	1. Include a budget for your proposed activities

**Authorization**

***Complete both sections***

**Submittal Authorization**

Name, on behalf of Organization, hereby authorizes the submittal of this Online Proposal Submittal Form in response to the Hate Crimes Prevention, Notice of Funding Availability.

|  |  |
| --- | --- |
| Name: |       |
| Title: |       |
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