Offerors are to provide a Technical Proposal for County Programs by responding to the following questions. Offerors may choose not to use this form and provide responses to the technical proposal questions on a separate sheet of paper; however, responses shall show the corresponding question number from this Questionnaire. All questions should be answered or marked "Not Applicable". (Reference Paragraph 8.2)

1.	List proposed locations (name and address) (in-person or virtual) for holding programs. If program(s) travels to multiple locations list those proposed destinations.
2.	Explain philosophy, goals, and objectives of company services. Include strategy for accomplishing the proposed scope of services.
3.	Describe programs and methods of instruction. Attach lesson plans and methods of instructions for proposed all age groups and abilities. If more than one type of program is proposed, include method of instruction descriptions and lesson plans for each type of program.
4.	Describe your firm's current policy for the management of disruptive behavior.
5.	Describe how your company will provide reasonable accommodations for individuals with special needs as outlined in the Americans with Disabilities Act paragraph in the Special Provisions.

6.	Provide any documentation that details your firm's current safety plan.
7.	Provide an emergency preparedness plan for all programs. Examples of emergency preparedness plans can be found at <a href="https://www.ready.gov/">https://www.ready.gov/</a> .
8.	Describe how your firm shall provide your current employees or volunteers, who shall be involved with County programs, with the most recent CPR and First Aid certifications.
9.	Describe how your company will provide your current employees or volunteers who shall be involved with County programs with the National Criminal Background checks.
10.	Describe how your company will provide your current employees or volunteers who shall be involved with County programs with the Child Protective Services Central Registry check. This is a separate required check than the national criminal background checks.

11.	Ident progr	ify instructional personn ams they will teach.	el (paid or volunteer), including resumes, skill levels, certifications, and the						
12.	Provi	de evidence of success	ful prior experience.						
13.		de three business refer on, and contact's telepho	ences, other than Fairfax County, with company name, address, contact one number:						
		Company Name							
		Address							
	1.	Contact Person							
		Telephone Number							
		Company Name							
		Address							
	2.	Contact Person							
		Telephone Number							
		Totophone Hamber							
		Company Name							
	2								
	2	Address							
	3.	Address  Contact Person							
	3.								

14.	The Program Outline Form must be completed for all programs being offered and submitted with the Technical Proposal. See next page:
15.	Provide a description of equipment/supplies required. Indicate what equipment/supplies are to be provided by your company and what equipment/supplies are to be provided by the County.
16.	Provide a description of equipment/supplies to be provided by the participant.
17.	Provide any other information that you would like to include in your Technical Proposal.

PROGRAM OUTLINE FORM (NOTE: This form must be included in the Technical Proposal)

Classes, Day Trips, Workshops, Clinics & Residential Programs									
Name of Class, Day Trip, Workshop, Clinic or Residential Program	Ages From – To	# of Program Sessions	Program Length	Days of the Week (Circle)	Min # / Max # of Students	Ratio	Season	In Person or Virtual	
(Sample) Tiny Tu Tu's	3-5 yr. olds	10 weeks	45 minutes	Su M Tu W Th F Sa	1/10	1:8	All		
				Su M Tu W Th F Sa					
				Su M Tu W Th F Sa					
				Su M Tu W Th F Sa					
				Su M Tu W Th F Sa					
				Su M Tu W Th F Sa					
				Su M Tu W Th F Sa					
				Su M Tu W Th F Sa					
				Su M Tu W Th F Sa					

# PROGRAM OUTLINE FORM

(NOTE: This form must be included in the Technical Proposal)

Camps										
Name of Camp Program	Ages From - To	Days in Session	Time Range	Season (Fall, Winter, Spring, Summer, or All)	Min # / Max # of Students	Ratio	Space Required	In Person or Virtual		
(Sample) Gymnastics	7-15 yr. old	Mon - Fri	9a - 4p	All	8/40	4:40	Gym & Classroom			