Members in attendance: Kim Kleiner, Samba Haikose, Barbara Costa, Shaun Nelson, Paul Janampa, Mike Apfelberg, Joe Boston, Cherrie Fulton, Linda Gathright, Ashlee Norwood

Motion by Mike A., seconded by Joe B. to accept previous Meeting Minutes from August 8th with one spelling issue Saint Gobain - Motion Passes all.

Building Update Discussion:
Computer room continues to be found open, Trash overflowing, Food left with in the center

RFP Submittals -

Holly Lavine- Literacy Solutions, OG Cohort - Motion by Shaun N., seconded by Joe B, approved all.

Teen Institute/ Nashua Prevention Coalition - Motion by Shaun N, seconded by Linda G, approved all.

Nashua Public Health - Emergency Preparedness - Motion by Joe B, seconded by Ashlee N., approved all.

Nashua Public Library Storytime and Teen Crafts - Motion by Joe B, seconded by Ashlee N., approved all.

Discover Dance – changes in Programs - Motion by Mike A, seconded by Shaun N., approved all.

Skill Builder Program - Motion by Samba H., seconded by Cherrie F., approved all. Cherrie fill send out forms.

Babies Need Care – SNH - Motion by Paul J., seconded by Suzanne H, approved all.

Newborn Care – SNH - Motion by Mike A., seconded by Cherrie F, approved all.

Nashua Listens - Motion by Shaun N., seconded by Suzanne H, approved all.

ESL – Adult Learning Center - Motion by Joe B., seconded by Cherrie F, approved all.
Next events:

Multicultural Festival – Saturday, Sept. 15th  12-4 pm

Elm Street Parent Night – September 27th, 6-8 – Kim and Donna

Halloween event  October 27th  11-3 pm

October 18th, 19th – Community Expo – Adult Learning Center

ASCC Director – Will start Dec. 1st, Meet and Greet for November

Motion to adjourn by Joe B, seconded by Shaun N, passes all. Adjourned at 9:40 am
ASCC Committee Meeting
Wednesday, September 12th
8:30AM
AGENDA

1. Previous Meeting Minutes Adoption
2. Building Updates
3. RFP Submittals
4. ASCC Director Hiring Update
5. Volunteer Coordinator Update
6. Rotary West Luncheon
7. Survey results, additional Outreach
8. Marketing of Fall programming
ASCC Committee Meeting
Wednesday, August 8th
Meeting Minutes (Draft)

Members in attendance: Kim Kleiner, Samba Halkose, Barbara Costa, Shaun Nelson, Linda Gathright, Gloria Timmons, Rachel Rendina, Paul Janampa, Trish Stansfield, Amada Martinez, Mike Apfelberg, ASCC Interns- Margaret Mikailov and Angela Fuentes

Motion by Shaun N., seconded by Gloria T. to accept previous Meeting Minutes from July 26th - Motion Passes all.

Building Update Discussion:

Air Conditioning - awaiting 2nd quote; Access Control – report has been reviewed;
Blinds – donations by Shaun, Glona, Kim, Linda, Mike, Trish
Volunteers – Dance floor, Paint, St. Gobain – will work will Trish

RFP Submittals - Holly Lavine- Literacy Solutions, Positive Street Art (contingent upon background check) - Motion by Gloria, seconded by Mike, approved all.

Website – minutes and agendas will be posted by Allison in the mayor’s office. Meeting minutes will be approved at next meeting.


ASCC Director Hiring Update – Aug 23, 24th First round of interviews, 6 candidates. Two will be chosen for interview with the mayor and HR Director.

ASCC Survey – Trish S. and interns will design, to be administered at the Back to School event, the ASCC center and Dr. Crisp.

Diversity and Cultural Competency Training - Motion made to expend $750.00 on the training meals by Gloria, seconded by Shaun. Passes all.
Volunteer Coordinator update- Need more teachers for Skill Builder Program.

Motion to adjourn by Gloria, seconded by Linda, passes all. Adjourned at 10:11 am
ARLINGTON STREET COMMUNITY CENTER
36 ARLINGTON STREET, NASHUA
EMAIL: ASCC@NASHUANH.GOV

SEPTEMBER 2018 EVENTS

01
"Red Cross Basic Life Support SIMS 9:00 AM - 12:00 PM
Anyone Can Meditate 1:00 PM - 2:00 PM

02
"Red Cross Adult Pediatric CPR/AED with First Aid 9:00 AM - 3:30 PM

03
Senior Fraud & Crime Prevention Seminar 1:00 PM - 2:00 PM

04
Teen/Tween Anime 4:30 PM - 5:30 PM
Adult Ballet Class 6:30 PM - 8:00 PM

05
Music for Kids 4:00 PM - 5:00 PM
Pilates Class 5:00 PM - 6:00 PM
Until Help Arrives Training Class 6:00 PM - 9:00 PM

06
ASCC Committee Meeting 8:00 AM - 10:00 AM
"Red Cross Adult First Aid CPR/AED 9:00 AM - 3:30 PM
Kids Stories and Crafts 3:00 PM - 4:00 PM
Adult Ballet Class 6:30 PM - 8:00 PM

07
Music for Kids 4:30 PM - 5:00 PM
Pilates Class 5:00 PM - 6:00 PM

08
Kids Stories and Crafts 3:00 PM - 4:00 PM
Adult Ballet Class 6:30 PM - 8:00 PM

09
Senior Fraud & Crime Prevention Seminar 10:00 AM - 11:00 AM
Positive Street Art Dance Program 5:00 PM - 7:00 PM
Newborn Care Class 6:30 PM - 8:00 PM

10
Kids Stories and Crafts 1:00 PM - 2:00 PM
Adult Ballet Class 6:30 PM - 8:00 PM

11
"Red Cross Adult First Aid CPR/AED SIMS 9:00 AM - 3:30 PM
Music for Kids 4:00 PM - 5:00 PM
Pilates Class 5:00 PM - 6:00 PM

12
OG Cohort Teacher Training 8:00 AM - 6:00 PM

13
Hispanic, Latino, and Intercultural Network meeting 12:00 PM - 1:30 PM

14
Babies Need Boxes 11:30 AM - 1:00 PM (Computer Lab)

15

16
Anyone Can Meditate 1:00 PM - 2:00 PM
Casual City Lindy 7:00 PM - 10:00 PM

17
Senior Fraud & Crime Prevention Seminar 10:00 AM - 11:00 AM
Positive Street Art Dance Program 5:00 PM - 7:00 PM
Newborn Care Class 6:30 PM - 8:00 PM

18
Kids Stories and Crafts 1:00 PM - 2:00 PM
Adult Ballet Class 6:30 PM - 8:00 PM

19

20

21

22

23
Anyone Can Meditate 1:00 PM - 2:00 PM

24
Senior Fraud & Crime Prevention Seminar 10:00 AM - 11:00 AM
"Red Cross Adult Pediatric CPR/AED with First Aid 10:30 AM - 2:30 PM
"Red Cross Basic Life Support SIMS 1:30 PM - 5:00 PM
Positive Street Art Dance Program 5:00 PM - 7:00 PM

25
Kids Stories and Crafts 3:00 PM - 4:00 PM
Adult Ballet Class 6:30 PM - 8:00 PM

26

27
"Red Cross Basic Life Support SIMS 9:00 AM - 12:30 PM
"Red Cross Adult Pediatric CPR/AED with First Aid 1:30 PM - 3:30 PM
Music for Kids 4:00 PM - 5:00 PM
Pilates Class 5:00 PM - 6:00 PM

28

29

30

Visit the city website at www.nashuanh.gov/1446-Arlington-Street-Community-Center for more information and updates.
Most events are open to the public unless otherwise noted by *.
Please see associated website for registration.

Green Text - Program room A, Left Room, Main Floor
Blue Text - Program room B, Right Room, Main Floor
Red Text - Program room C, Third Floor
Purple Text - Jack Hallway
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>01</td>
<td>Senior Fraud and Crime Prevention Series 10:00 AM - 11:30 AM</td>
</tr>
<tr>
<td>02</td>
<td>Positive Street Art Dance Program 5:00 PM - 7:00 PM</td>
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<tr>
<td>03</td>
<td>Kids Stories and Crafts 3:00 PM - 4:00 PM</td>
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<tr>
<td>04</td>
<td>Red Cross BLS SIMS Training 9:00 AM - 12:30 PM</td>
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<td>05</td>
<td>MGK Executive Board Meeting 9:30 AM - 10:00 AM</td>
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<tr>
<td>06</td>
<td>Adult Ballet Class 6:30 PM - 8:00 PM</td>
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<td>07</td>
<td>Senior Fraud and Crime Prevention Series 10:00 AM - 11:30 AM</td>
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<td>08</td>
<td>Dr. Crisp PTO 5:00 PM - 6:00 PM</td>
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<td>Adult Ballet Class 6:30 PM - 8:00 PM</td>
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<td>20</td>
<td>SKILL Building Program for Elementary Students 2:40 PM - 3:30 PM</td>
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<tr>
<td>21</td>
<td>Babies Need Boxes 11:00 AM - 1:00 PM</td>
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<td>22</td>
<td>Newborn Care Class 6:30 PM - 8:00 PM</td>
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<td>Positive Street Art Dance Program 5:00 PM - 7:00 PM</td>
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<td>Adult Ballet Class 6:30 PM - 8:00 PM</td>
</tr>
</tbody>
</table>

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Green Text: Program room A, Left Room Main Floor
Blue Text: Program room B, Right Room Main Floor
Red Text: Program room C, Third Floor
Purple Text: Back Hallway
Arlington Street Community Center
ADDENDUM C

ARLINGTON STREET COMMUNITY CENTER
USER AGREEMENT

PROVISIONS OF AGREEMENT:

1. User agrees to comply with all conditions set forth in this Agreement and the current Policies and Procedures Manual.

2. Event Name: **OG Cohort Training - Nashua Teachers**

3. Area(s) Requested: ______ Third floor dance/exercise space  
   ______ public meeting room A  ______ public meeting room B  
   ______ Whole building (UPON APPROVAL)

4. Requested day(s) & date(s):  
   * Fri. Dec. 14, 2018 from 9am to 5pm & Sat., Dec. 15, 2018
   * Sat., Jan. 12, 2019 & Wed., Jan. 16, 2019
   * Sat., Feb. 9, 2019 & Sat., Feb. 16, 2019
   * Sat., Apr. 6

5. Requested time(s) – include set up and clean up:  
   Sat., Apr. 6

6. Expected number of participants: **10** (A minimum number of participants may be required for certain activities such as classes. Failure to meet the minimum number of participants may result in cancellation of same by either the ASCC or the User, at their discretion.)

7. User Fees in the form of checks or cash payable to the City of Nashua - ASCC based upon any of the following criteria. Approval by Director and/or board required.

   a. _______ % to ASCC and _______ % to User, or

   b. Set amount of $_______ to ASCC for the entire block booking or event, or
e. Set amount of $_______ to ASCC per invitee per class or event.

8. Resume, credentials, proof of insurance, and background checks, may be required for activities such as classes and must be submitted with this request form.

9. Security Deposit may be required, fee to be determined by ASCC Director $__________.

10. All licenses and permits are the responsibility of the renter.

USER
DATE: 9 classes with 2 snow dates, 1 evening workshop 12-14-18
Office use only:
( ) Fee paid. ( ) Fee to be paid later. (X) Fee waived. ( ) Security Deposit

( ) Proof of Insurance. ( ) Proof of Background Checks. ( ) Resume/Credentials provided.

( ) Licenses and permits obtained by renter for example Entertainment, camp, Board of Health etc.

ARLINGTON STREET COMMUNITY CENTER
USER AGREEMENT

I certify that I am the person requesting the room or am an officer of the above-named organization; that, if part of an organization, I have the authority to reserve the Arlington Street Community Center; and that the above statements are true to the best of my knowledge and belief.

I hereby agree that the applicant will be responsible for any damage caused by the applicant to the Arlington Street Community Center premises and furnishings because of the use of said premises by the above applicant, and agree to pay for said damages assessed by the City of Nashua.

I have received, read and agree to abide by and uphold all rules and policies governing the use of the Arlington Street Community Center.

2017
I also agree to release, acquit, discharge the City of Nashua for any and all claims or rights of action for any personal injuries or property damage which may occur as a result from the use of the above premises. I further agree to protect, save, and keep the City of Nashua, the MBK Executive Board, the Arlington Street Community Center, their agents and employees forever free and harmless and indemnified against and from any and all loss, cost or expense arising out of or from any accident or other occurrence causing injury to any person or property whomsoever or whatsoever as a result of the use of the above premises.

Date: 8-13-18
Signature: Holly LaVine  Title: Director of Literacy Learning Solutions
Print Name: Holly LaVine
Address: 154 Broad Street, Suite 1524 Nashua, NH 03063
Phone: 603-892-0336  Cell: same
E-mail: hlavine@literacylearningsolutions.com
(Only provide an email address that is checked regularly.)

Community Center Fee: N/A Kim Kleiner

Total: N/A Kim Kleiner

(Make checks payable to the City of Nashua - ASCC)
City of Nashua  
Request for Proposals  
Program Specific Application For: Arlington Street Community Center

**Name of the Organization:**  
Teen Institute in collaboration with Nashua Prevention Coalition

1. Please describe the service(s) your organization can provide.

Teen Institute with the support of Nashua Prevention Coalition would like to offer a free parenting program for parents/caregivers living in Nashua with youth ages 11-17. The program is broken into five, two-hour sessions that provide participants with valuable tools, knowledge, and skills to stay connected with their teenager. Topics include relating to your teen, communication and managing conflict, supervising without invading, and giving your teen a voice.

2. Please explain how these services will meet the needs of the target population.

The 2017 Youth Risk Behavior Survey (YRBS) for Nashua Youth indicated that parents have a strong influence in their child’s life; however, conversations and discussion between youth and their parents decrease as they get older. In addition, it shows that children are less likely to engage in risky behaviors when their parents disapprove and discuss the risks of certain behaviors and actions. This data would improve if parents/caregivers struggling to communicate with their teen, worrying about their behaviors, and feeling helpless had access to more support and guidance. This workshop will provide exactly that. It will teach participants ways to foster a healthy relationship with their child. It also

3. Please describe your organization’s prior experience in providing the services described above.

Since 1983, Teen Institute has been developing programs that promote stronger communities through community-focused prevention and leadership workshops. More specifically, the parenting program started last year and has been held in numerous towns across the State of New Hampshire. It’s success and interest from community members has encouraged towns to host the workshops on a reoccurring basis.

4. Please describe your organization’s outreach plan for your program.

Nashua Prevention Coalition is connected with numerous organizations and groups throughout the city, who work directly with youth and their families, who could truly benefit from this program. Teen Institute has developed marketing materials for this program that will be distributed to our contacts in the school district including the Guidance Counselors and SAP Counselors. In addition, we will connect with The Youth Council and other youth-serving organizations that already have established relationships with specific parents/caregivers. Staff from Nashua Prevention Coalition will share the program information with attendees at local meetings including the Mayor’s Opioid Task Force (MOTF) and the Greater Nashua Healthy Community Collaborative. The program will also be shared on

5. Please describe the program’s timeframe including whether the program will be on-going or for a defined period of time. Please provide start and end dates as well as hours and days of week for your program.

The program consists of 5 sessions. We were hoping to reserve space from 6-8pm on November 7, 14, 28 and December 5 and 12. If we receive significant interest in the program, then it can certainly become an on-going program.
Teen Institute in collaboration with the Nashua Prevention Coalition

Name of the Organization

Budget 0.00

Personnel

1. Please list the staff positions for the program by title.

<table>
<thead>
<tr>
<th>Staff</th>
<th>[Enter Title]</th>
<th>[Enter Number of Hours per Week]</th>
<th>[Enter the Number of Weeks per Year]</th>
<th>[Enter the Wage per Hour]</th>
<th>TOTAL</th>
</tr>
</thead>
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<td>TOTAL</td>
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Supplies

2. Please list any supplies including utilities, food, books, printed media, electronic media and software.

<table>
<thead>
<tr>
<th>Type of Supply</th>
<th>Unit (Months or Units)</th>
<th>Cost per Month/Unit</th>
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<tbody>
<tr>
<td>Food</td>
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<td>Books &amp; Information</td>
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<td>Workbooks &amp; Printed Media</td>
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<tr>
<td>Software</td>
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</tr>
<tr>
<td>Supplies TOTAL</td>
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<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Space

Do you have storage needs?: n/a

Floor One - (Handicapped Accessible)

- Program Room 1: 24'x23'
- Program Room 2: 24'x28'
- Program Room 3: 13'x24'

Floor Two - (Not Handicapped Accessible)

- Program Room 4: 26'x48'

Computers

How many computers will you require (up to 7; Microsoft Office and full internet access): n/a
**Name of the Organization:**

Division of Public Health and Community Services

1. Please describe the service(s) your organization can provide.

   The Emergency Preparedness Coordinator and Disaster Preparedness Coordinator will be holding an Until Health Arrives Class on September 13th from 6-9 PM. Until Help Arrives teaches community members how to respond to situations that are life threatening emergencies to help save a life.

2. Please explain how these services will meet the needs of the target population.

   Life threatening emergencies can happen quickly! This program will help participants learn 5 easy steps to take life saving actions. Recent studies show that trauma is the leading cause of death in Americans under the age of 46. Traumatic events require immediate action to prevent those who are injured from succumbing to their injuries. Participants will learn the importance of the following steps: Call 911, Stay safe, Stop or control bleeding, Positioning and providing comfort.

3. Please describe your organization's prior experience in providing the services described above.

   The staff will be providing the training have been providing these classes over the past year with Karen Scott of AMR who will be teaching the hands only CPR portion of the class. Both Dan and Chelsea have had success with participants and received feedback of the importance of their learning these life saving measures.

4. Please describe your organization's outreach plan for your program.

   The staff will communicate information in the community to get participants registered for the class using email and flyer distribution in the Nashua area.

5. Please describe the program's timeframe including whether the program will be on-going or for a defined period of time. Please provide start and end dates as well as hours and days of week for your program.

   The class is held as a one day offering from 6:00 PM - 9:00 PM on the scheduled date of September 13th.
City of Nashua  
Request for Proposals  
Program Specific Application For: Arlington Street Community Center

Name of the Organization:  
Nashua Public Library

1. Please describe the service(s) your organization can provide.

Story and craft for school age students on Wednesday afternoons at 3:00 PM, 1:00 PM on early release days.

2. Please explain how these services will meet the needs of the target population

This brings our regular storytime out of the library and right into the neighborhood, at a tie when parents and caregivers will be at the school picking up their school aged children. Story times are more than just entertainment, they are great pre-reading experiences for young children and model good skills for parents and caregivers.

3. Please describe your organization's prior experience in providing the services described above.

This is one of the primary functions of our Children's department

4. Please describe your organization's outreach plan for your program.

These story and craft programs will be promoted through our regular outreach and marketing channels.

5. Please describe the program's timeframe including whether the program will be on-going or for a defined period of time. Please provide start and end dates as well as hours and days of week for your program.

Wednesdays from 3:00 - 4:00 PM, 1:00 - 2:00 PM year round. We would expect this to be a continuing program, provided we remain at current staffing levels.
City of Nashua  
Request for Proposals  
Program Specific Application For: MBK Community Center  

Name of the Organization  

Budget  

Personnel  

1. Please list the staff positions for the program by title.  

<table>
<thead>
<tr>
<th>Staff</th>
<th>[Enter Title]</th>
<th>[Enter Number of Hours per Week]</th>
<th>[Enter the Number of Weeks per Year]</th>
<th>[Enter the Wage per Hour]</th>
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TOTAL $1,768.00  

Supplies  

2. Please list any supplies including utilities, food, books, printed media, electronic media and software.  

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<th>Type of Supply</th>
<th>Unit (Months or Units)</th>
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<tr>
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<tr>
<td>Supplies TOTAL</td>
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<td>$1,872.00</td>
</tr>
</tbody>
</table>

Space  

Do you have storage needs:  

not at this time  

Floor One - (Handicapped Accessible)  

Program Room 1  

24'x23'  

either room 1 or 2  

Program Room 2  

24'x28'  

Program Room 3  

11'x24'  

Floor Two - (Not Handicapped Accessible)  

Program Room 4  

28'x48'  

Computers  

How many computers will you require (up to 7, Microsoft Office and full internet access):  

0  

Community Center RFP.xlsx
Name of the Organization: Nashua Public Library

1. Please describe the service(s) your organization can provide.

   Teen/Tween Anime program (Ages 09 - 17) on the first Wednesday of the month at 4:30 PM. Mix of watching, drawing, reading, discussing anime and manga.

2. Please explain how these services will meet the needs of the target population.

   Although this may not fit the goals set out in the MBK plan, it does provide a free activity for kids in the middle school age group and early high school and will also provide a connection to our Teen department staff for help with homework and reading suggestions.

3. Please describe your organization’s prior experience in providing the services described above.

   Our Teen department has been leading these kinds of activities since it first opened in 2008.

4. Please describe your organization’s outreach plan for your program.

   These Teen/tween activities will be promoted through our regular outreach and marketing channels, monthly schedules of the activities will be made available at the community center and distributed to the middle and high schools.

5. Please describe the program’s timeframe including whether the program will be on-going or for a defined period of time. Please provide start and end dates as well as hours and days of week for your program.

   First Wednesday of the month from 4:00 - 5:30 PM year round. We would expect this to be a continuing program, provided we remain at current staffing levels.
City of Nashua
Request for Proposals
Program Specific Application For: MBK Community Center

Name of the Organization

Budget

Personnel

1. Please list the staff positions for the program by title.

<table>
<thead>
<tr>
<th>Staff</th>
<th>[Enter Title]</th>
<th>[Enter Number of Hours per Week]</th>
<th>[Enter the Number of Weeks per Year]</th>
<th>[Enter the Wage per Hour]</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Librarian</td>
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<td>62</td>
<td>$21.00</td>
<td>$2,184.00</td>
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<tr>
<td>2</td>
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<td></td>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td>$2,184.00</td>
</tr>
</tbody>
</table>

Supplies

2. Please list any supplies including utilities, food, books, printed media, electronic media and software.

<table>
<thead>
<tr>
<th>Type of Supply</th>
<th>Unit (Months or Units)</th>
<th>Cost per Month/Unit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>12</td>
<td>$40.00</td>
<td>$480.00</td>
</tr>
<tr>
<td>Books &amp; Information</td>
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</tr>
<tr>
<td>Workbooks &amp; Printed Media</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digital Subscriptions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Software</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laptop</td>
<td>12</td>
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<td>$0.00</td>
</tr>
<tr>
<td>Projector</td>
<td>12</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Supplies TOTAL $480.00

Space

Do you have storage needs: NO

Floor One - (Handicapped Accessible)

| Program Room 1      | 24' x 23'                |
| Program Room 2      | 24' x 28'                |
| Program Room 3      | 11' x 24'                |

Floor Two - (Not Handicapped Accessible)

| Program Room 4      | 28' x 48'                |

Computers

How many computers will you require (up to 7, Microsoft Office and full internet access) 0

Community Center RFP 468
Discover Dance

1. Please describe the service(s) your organization can provide.

Discover Dance will provide a variety of fitness services that include creative movement, ballet, pilates and barre. Our classes will range from 45 to 90 minutes depending on age level and curriculum. Please see attachment for further current class descriptions.

2. Please explain how these services will meet the needs of the target population.

Dance creates a healthy environment for health and fitness, creativity, self expression, growth and education while establishing social bondings.

3. Please describe your organization’s prior experience in providing the services described above.

Discover Dance currently operates through the 21st Century Program at all 5 Title 1 elementary schools. We run a year long curriculum that includes lessons in creative movement, modern/contemporary, ballet, jazz, step and a variety of cultural dances, education and history. Our students have been able to showcase their hard work through performances at their school and throughout the city for special events.

4. Please describe your organization’s outreach plan for your program.

We plan to market our newest offerings through our newsletters, Facebook and our current contact list. It is our goal to include students already participating in our classes that show a special interest while opening our door to the greater Nashua community and welcoming those of all ages and socio-economic backgrounds.

5. Please describe the program’s timeframe including whether the program will be on-going or for a defined period of time. Please provide start and end dates as well as hours and days of week for your program.

We will offer an Adult Ballet class on Wednesday’s 6:30 - 8:00 pm and a Pilates/Barre class on Thursday’s 5:00 - 6:00 pm. We would like to begin our programming ASAP.
Discover Dance

Name of the Organization

Budget

Personnel

1. Please list the staff positions for the program by title.

<table>
<thead>
<tr>
<th>Staff</th>
<th>Enter Title</th>
<th>Enter Number of Hours per Week</th>
<th>Enter the Number of Weeks per Year</th>
<th>Enter the Wage per Hour</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Instructor - Rebecca Power</td>
<td>2 Hours 15 Minutes</td>
<td>TBD</td>
<td>TBD</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>2</td>
<td>Instructor - Rachel Remende</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>3</td>
<td>Instructor - Laura Jean Gendreau</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>4</td>
<td>Instructor - Kelly Wood</td>
<td>1</td>
<td>TBD</td>
<td>TBD</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>5</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

TOTAL

Supplies

2. Please list any supplies including utilities, food, books, printed media, electronic media and software.

<table>
<thead>
<tr>
<th>Type of Supply</th>
<th>Unit (Months or Units)</th>
<th>Cost per Month/Unit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books &amp; Information</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workbooks &amp; Printed Media</td>
<td>N/A</td>
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<td></td>
</tr>
<tr>
<td>Digital Subscriptions</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Software</td>
<td>N/A</td>
<td></td>
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</tr>
</tbody>
</table>

Supplies TOTAL

Space

Do you have storage needs: Yes - Mats & Activity Sets

Floor One - (Handicapped Accessible)

- Program Room 1: 24'x23'
- Program Room 2: 24'x28'
- Program Room 3: 11'x24'

Floor Two - (Not Handicapped Accessible)

- Program Room 4: 28'x48' Requested

Computers

How many computers will you require (up to 7, Microsoft Office and full internet access) N/A

Community Center RFP.xlsx
Name of the Organization

Positive Street Art (PSA)

1. Please describe the service(s) your organization can provide.

We would host a 6-week class with Betsy Sanchez as our instructor. We would assume the cost of paying Ms. Sanchez and recruiting the students for the class. The class will be an intersectional class on Latinx and hip hop dance and will culminate in a dance that will be shown by PSA at future events and perhaps in a music video with parent and student approval. It would be a once-a-week class to be held on a day of the week that works with the Center’s programming and would be in the evening ideally.

2. Please explain how these services will meet the needs of the target population.

The services will be inviting to youth who cannot afford dance classes as well as those who will benefit from the social nature of being in a class performing a routine. It will encourage students to value their body and hopefully encourage them to care for it by avoiding substances and individuals that would harm it. Ms. Sanchez is a strong young female leader who serves as a kind mentor for her students and has had much success in leading classes that are self-empowering and culturally respectful.

3. Please describe your organization’s best experience in providing the services described above.

We have hosted other youth dance workshops and series. The youth programs have been very successful and were only paused due to a lack of an educator, location, and direction. Ms. Sanchez approached PSA in June and has since demonstrated herself to be of very high character, caring, and welcoming and we would be honored to support her in her personal mission to offer her students a safe place to learn and grow. It is a part of our mission to support artists such as Betsy, so it is a good collaboration.

4. Please describe your organization’s outreach plan for your program.

We will work through our intern Olympia to reach out to the Boys and Girls Club in Nashua where Ms. Sanchez has taught classes in the past. We will also use our very active social media pages to attract pupils and our mailing list to write to parents and relatives of pupils. Our goal is to have attendance of 10 students per class at a minimum and plan to welcome as many as we can who want to participate with the code as the only limitation. PSA has other dancers and adults to assist Ms. Sanchez lead an organized class.

5. Please describe the program’s timeframe including whether the program will be ongoing or for a defined period of time. Please provide start and end dates as well as hours and days of week for your program.

We would like to begin in August or September and run for 6 weeks. We are flexible to work with your existing schedule to offer the class on an open night in the early evening. We would like to provide the class once a week and are open to ASCC’s input on needs. Having looked at the calendar online, it seems that Monday or Wednesday would be logical options and with the support of whomsoever is leading the Thursday class, perhaps the PSA students will be encouraged to attend the Thursday class as well.
# City of Nashua
## Request for Proposals
### Program Specific Application For: Arlington Street Community Center

<table>
<thead>
<tr>
<th>Name of the Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill Building Workshop for K - 3 Students</td>
</tr>
</tbody>
</table>

1. **Please describe the service(s) your organization can provide**

   Our program will begin by providing skill building to Dr. Crisp Elementary School students who can benefit from additional support beyond the classroom setting. Support will be tailored to each individual student’s need, whether it be support with math, reading, writing, etc. This program is supplemental to, and separate from, the 21st Century Program and ELL Homework Program. Students will attend the program through parent and/or teacher referral and will be sent with specific instructions on skills that need to be addressed.

2. **Please explain how these services will meet the needs of the target population.**

   We plan to take students in 6-8 week intervals or until skills have improved. In order to follow along with the MBK goals that every student will be on grade level in reading and math by 3rd grade, we will focus mainly on students K-3. Students will learn additional study and learning skills that will help them succeed in school and beyond. This program will provide one-on-one attention to students who can benefit from more individualized support. Studies show that academic tutoring can help students gain encouragement, independence, responsibility, and improved self-confidence and self-esteem. When students are given supplemental skills and resources needed to succeed, it can help rid them of feelings of frustration, support them with specific problem areas, and, ultimately, improve their academic performance.

3. **Please describe your organization’s prior experience in providing the services described above.**

   The program will be led by Nashua School District Retired Educators Donna Dye and Trish Stansfield who will volunteer their time to support students. Donna has 21 years of experience and has taught every elementary grade except first with the majority of her time as a fourth grade teacher at Main Dunstable Elementary School. Trish initially worked at Main Dunstable Elementary School as a paraprofessional working with learning disabled students, and then as a special education teacher at Elm Street Middle School. Trish has over 20 years of experience.

4. **Please describe your organization’s outreach plan for your program.**

   In collaboration with Dr. Crisp Principal Cherrie Fulton, we are asking that students be referred to our program by parents or teachers. We can recruit additional volunteers and contact school officials to open the program up to other Nashua elementary students. If parents are willing to drive their students to and from the community center, and teachers and parents at the other schools are willing to refer students, we are willing to help any student who can benefit from additional academic support.

5. **Please describe the program’s timeframe including whether the program will be ongoing or for a defined period of time. Please provide start and end dates as well as hours and days of week for your program.**

   The program will be ongoing during the school year and will begin at 2:40 PM and end at 3:30 PM every Monday and Thursday. The program will only be held on days when school is in session. Program was started in March 2018 and was initially open to all elementary school students.
Skill Building Workshop for Elementary Age Students

Budget

Personnel

1. Please list the staff positions for the program by title.

<table>
<thead>
<tr>
<th>Staff</th>
<th>[Enter Number of Hours per Week]</th>
<th>[Enter the Number of Weeks per Year]</th>
<th>[Enter the Wage per Hour]</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Train/Staged Educator</td>
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<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Donna Boyle, Retired Educator</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Additional volunteers as needed</td>
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<td>4</td>
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</tbody>
</table>

Supplies

2. Please list any supplies including utilities, food, books, printed media, electronic media and software.

<table>
<thead>
<tr>
<th>Type of Supply</th>
<th>Unit (Months or Units)</th>
<th>Cost per Month/Unit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
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<tr>
<td>Books &amp; Information</td>
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<tr>
<td>Workbooks &amp; Printed Media</td>
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<tr>
<td>Digital Subscriptions</td>
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<td></td>
</tr>
<tr>
<td>Software</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Supplies TOTAL

Space

Do you have storage needs? Not at the present time

Floor One - (Handicapped Accessible)

- Program Room 1: 24' x 23'
- Program Room 2: 24' x 28'
- Program Room 3: 11' x 24'

Floor Two - (Not Handicapped Accessible)

- Program Room 4: 18' x 48'

Computers

How many computers will you require (up to 7. Microsoft Office and full internet access) not known - is dependent upon need
Name of the Organization:

Babies Need Boxes

1. Please describe the service(s) your organization can provide.

Babies Need Boxes equips families with the tangible resources required for a successful transition to parenthood. We provide families with safe sleep education, a safe sleep environment, newborn care essentials to promote self-sufficiency and interactive items to foster positive parent-child interaction.
http://www.babiesneedboxes.org/
https://www.babyboxco.com/

2. Please explain how these services will meet the needs of the target population.

Babies Need Boxes facilitates the worldwide distribution of Baby Boxes, which are safe sleep spaces for infants up to 6 months of age that come filled with a variety of essential childcare products. Contents of our Baby Boxes vary by territory and are carefully assessed for cultural relevance and quality before being distributed to families.

3. Please describe your organization’s prior experience in providing the services described above.

This organization is new to NH and has a previous distribution event with Babies R’US in November 2017.

4. Please describe your organization’s outreach plan for your program.

Our plan would be to bring the materials (Online education class, Baby Boxes and Childcare products) to the Community Center and hold a distribution event where parents could use the computers to participate in the class, then claim their free safe sleep baby box and products.

5. Please describe the program’s timeframe including whether the program will be on-going or for a defined period of time. Please provide start and end dates as well as hours and days of week for your program.

I would like to offer the class and distribution event in the month of August possibly on several week nights and during the daytime on the weekends.
Babies Need Boxes
Name of the Organization

Budget

Personnel

1. Please list the staff positions for the program by title.

<table>
<thead>
<tr>
<th>Staff</th>
<th>[Enter Title]</th>
<th>[Enter Number of Hours per Week]</th>
<th>[Enter the Number of Weeks per Year]</th>
<th>[Enter the Wage per Hour]</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kyle Levesque-Childbirth Educator</td>
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<td>2</td>
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<tr>
<td>TOTAL</td>
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</tr>
</tbody>
</table>

Supplies

2. Please list any supplies including utilities, food, books, printed media, electronic media and software.

<table>
<thead>
<tr>
<th>Type of Supply</th>
<th>Unit (Months or Units)</th>
<th>Cost per Month/Unit</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Food</td>
<td></td>
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<tr>
<td>Books &amp; Information</td>
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<td></td>
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<tr>
<td>Workbooks &amp; Printed Media</td>
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<td></td>
</tr>
<tr>
<td>Digital Subscriptions</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Software</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Space

Do you have storage needs?: None

Floor One - (Handicapped Accessible)

- Program Room 1: 24'x23'
- Program Room 2: 24'x28'
- Program Room 3: 11'x24'

Floor Two - (Not Handicapped Accessible)

- Program Room 4: 28'x48'

Computers

How many computers will you require (up to 7, Microsoft Office and full internet access):

Community Center RFP.docx
<table>
<thead>
<tr>
<th><strong>Name of the Organization:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern NH Medical Center</td>
<td></td>
</tr>
</tbody>
</table>

1. Please describe the service(s) your organization can provide.

We offer classes to our community about Newborn care.

2. Please explain how these services will meet the needs of the target population.

This class explores newborn behavior, ways to recognize sleep and hunger cues and gives expecting parents experience swaddling, bathing, diaper-changing and offers tips on how to nurture their new baby's development.

3. Please describe your organization's prior experience in providing the services described above.

We have offered these classes for 20+ years. Most recently this class was offered at the United Way Baby Shower in May 2018.

4. Please describe your organization's outreach plan for your program.

Our plan would be to bring the teaching materials to the Community Center and have a hands-on class teaching parents the skills to help boost their confidence for their new baby's delivery.

5. Please describe the program's timeframe including whether the program will be ongoing or for a defined period of time. Please provide start and end dates as well as hours and days of week for your program.

Currently we have instructor availability July 25th and 30th from 6-8:30, and also varying daytime and evening dates in August. We would like to see how this program is received before continuing with scheduling re-occurring dates.