



REQUEST FOR PROPOSALS

SYNERGY Summit

April 29-May 1, 2009

RFP Deadline is December 1, 2008

The North Carolina Center for Afterschool Programs (NC CAP) will host its annual statewide afterschool summit, *SYNERGY*, on April 29-May 1, 2009, at the Joseph S. Koury Convention Center in Greensboro, NC. The summit will draw over 400 people working in or partnering with afterschool programs, including afterschool front-line staff, directors, administrators, trainers, funders, school administrators, youth workers, program volunteers, community leaders, and afterschool advocates.

Conference strands are listed below. Proposals clearly linked to the strands below have greater chance of selection.

Building Program Capacity - parent/family engagement; faith-based, school, and community partnerships; diversity (economic, geographic, cultural, racial, behavioral, physical, gender); sustainability, grant writing, funding, advocacy

Implementing Tools for Success - staffing, licensure, policy development, facility management, volunteer management, training and technical assistance for staff and volunteers

Increasing Student Achievement - academics, creativity, character, service learning, mentoring, career development

Ensuring Healthy Living - nutrition education, health, physical activity, purposeful recreation, social and emotional development, recycling, environmental education

Stretching the Limits - technology, international education, summer learning, stress management, field trips, nature

Supporting Our Action* - linking to NC CAP Funders and Professional Development work groups; evaluation - data collection, reporting, standards, developing measurable objectives; outcome-based research; policy

Please follow the guidelines carefully in writing your proposal. The review committee receives many more proposals than it can accept. Providing complete information in the requested format will greatly increase the chances of your workshop's acceptance.

Deadline for proposals is December 1, 2008!

Please provide the following items:

Presenter Background Information:

- **Contact Information:** Include for each presenter, including co-presenters: name, title, organization, mailing address, telephone, and email address.
- **Biography:** Include for each presenter, including co-presenters: one paragraph speaker biography highlighting professional background
- **Registration Form:** attached

Session Description:

Include a description of your workshop, including the following:

- **Workshop title**
- **Workshop focus:** What is the theme of your workshop?
- **What will participants learn in the workshop?** Provide a minimum abstract of 2 paragraphs and no more than 1 page. Abstracts of selected workshops will be listed in the event booklet and on the NC CAP website. The abstract should be written with your target audience in mind and will serve as the primary marketing tool to attract people to your session. NC CAP reserves the right to revise the session abstract.
- **How many participants is the workshop designed for?**
- **What resources (e.g., curriculum, research, etc...) were used in developing your workshop?**
- **Are you selling a product or service? If so, describe product/service.**
- **Who is your target audience?** Answers may include:
 - Administrators/Directors of Afterschool Programs
 - Program Staff working with elementary school students
 - Program Staff working with middle school students
 - Program Staff working with high school students
 - Community Leaders and Funders
 - Central Office/School Administrators
 - Afterschool Program Partners/Volunteers
 - Other: _____

Interactivity

- **How will the information be delivered?** All workshops will be 75-minutes. Provide a breakdown of what percentage of time will be spent in presentation/lecture, activities/group exercises, discussion, etc...
- **Describe how interactive the session will be. Please be specific.**

References

- **Have you presented before? If so, where?**
- **Please provide the name and contact information of someone who has seen you present.**

Room Arrangement

- **Please note your preferred room arrangement.**

Possible arrangements include:

- ___ Open – no chairs and no tables
- ___ Theatre – rows of chairs, no tables
- ___ Ovals of Six or Eight – oval tables with chairs
- ___ Hollow Square – adjoining tables form square with room inside center
- ___ Classroom – rows of chairs, each chair with desk

ALL ROOMS / ROOM STYLES include a small speaker's table at the front of the room.

*Unless otherwise requested, rooms will be set in either theatre or classroom style. While NC CAP makes every effort to accommodate room arrangement requests, it cannot guarantee your request will be honored.

Audiovisual Needs: NC CAP will provide one microphone (attached to a podium), a screen, and an extension cord in all rooms. All other needs (such as laptop computer, LCD projector, flip chart & markers, lavalier or additional microphone) are the responsibility of the presenter. Audiovisual needs may be arranged with our A/v company. Pricing and further information will be sent with presenter confirmation letters.

Handouts: Presenters must provide enough handouts to accommodate all workshop participants. The number of required handouts will depend on a presenter's assigned room capacity. Presenters will be notified of their room assignment/capacity one month prior to SYNERGY.

Hotel Accommodations: Please note that hotel rooms at the Sheraton Four Seasons / Joseph S. Koury Convention Center must be booked by March 23. Call 1-800-242-6556 for reservations. Be sure to mention "NC CAP SYNERGY" when booking to receive the low \$121 rate, which can accommodate up to 4 people per room.

Prior to submitting a proposal, please note:

To be considered, lead presenters must submit a proposal AND registration form (attached) for themselves and any co-presenters. **The registration fee will be waived for one lead presenter.** Co-presenters must pay the registration fee if they plan to attend other conference events. If co-presenters plan to attend their session only, this intent must be clearly written on the registration form.

Submit the RFP form by mail, fax or email by December 1, 2008:

MAIL: NC CAP SYNERGY Conference
Advisory Committee
3739 National Drive, Suite 100
Raleigh, NC 27612

FAX: (919) 781 - 6527
Attn: Katie Biggerstaff

EMAIL: kbiggerstaff@ncforum.org

RFPs submitted after the December 1, 2008 deadline will NOT be accepted!

IN COLLABORATION WITH:

Department of Public Instruction, Department of Health and Human Services, Department of
Juvenile Justice and Delinquency Prevention,
Boys & Girls Clubs, NCSU 4-H Youth Development Program

SEE NEXT PAGE FOR REGISTRATION FORM!



SYNERGY Summit Presenter Registration
April 29 Optional Pre-Conference, April 30-May 1 Conference

SEPARATE REGISTRATION FORM IS REQUIRED FOR EACH PRESENTER, INCLUDING CO-PRESENTERS.

Presenters do not need to pay a registration fee. Co-presenters, if attending any other conference events other than their session, are required to pay.

Name (Dr./Mrs./Ms./Mr.) _____

Organization _____

Check One:

___ Lead Presenter

___ Co-Presenter

SYNERGY CONFERENCE REGISTRATION FEE:

___ Early bird conference registration.....

\$100

*Early bird ends December 1, 2008, after which registration will be \$135.

SYNERGY PRE-CONFERENCE REGISTRATION FEE:

___ April 29 Pre-Conference.....

\$35

*Please note Pre-conference space is limited and offered on a first-come, first-served basis.

MEAL SELECTIONS/SPECIAL REQUESTS (INCLUDED):

(Only check those that you plan to attend)

___ April 29 Reception (Pre-conference participants only.)

___ April 30 Breakfast

___ April 30 Lunch

___ May 1 Breakfast

___ No Meals

Dietary Restrictions: _____

Services needed (e.g., sign language interpreter): _____

PAYMENT INFORMATION: A check (made payable to NC CAP), money order, purchase order, or credit card number must accompany this registration form.

The federal ID number for NC CAP is 58-1654064.

PAYMENT INFORMATION

___ MasterCard ___ Visa Expiration date _____

Card # _____

Name on card _____

Signature _____

Check # _____

Organization issuing payment _____

Address of Org. Paying _____

CANCELLATION POLICY: Cancellations received in writing at Conference Office prior to March 31, 2009, will be refunded by check after May 1, less a 20% administrative fee. No refunds will be made for cancellations after March 31, 2008. (Substitutions may be made at any time!)

Check all that apply:

___ I do NOT want my contact information shared in the participant list.

___ I am interested in volunteering (please circle one) as a room host or at the registration table.

REGISTER ONLINE AT WWW.NCCAP.NET

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