



APPLICATION REQUEST FORM

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Answer all of the following:

A.

1. Official organization name
2. Address
3. Telephone number
4. Fax number
5. Agency history
6. Mission statement
7. Population served by organization
8. Name and title of person submitting proposal
9. Name of individual overseeing grant project

B.

1. Project name
2. Amount requested
3. Total project cost
4. Description of the project for which funds are being requested: *(Please include in your description what resources will be required and what activities will be provided.)*

C.

What is the anticipated outcome of the project/program?

D.

1. What population(s) of our community are you targeting?
2. How many individuals/families do you hope to reach?
3. Will your program be providing additional services to other agency's clients? *(what and to what agency)*

E.

1. Is this a collaborative project with another agency? yes_____ no_____

If yes provide the following:

 - A. Name of partnering agency(ies)
 - B. Have you initiated this process? yes_____ no_____
 - a. address
 - b. phone #
 - c. contact person
2. If you have not initiated this process, why not?
3. What facility will be used for program(s)?

F.

- 1. How do you plan on implementing this project. *(please provide specific details)*
- 2. What is this (these) agency(s) marketing plan?
- 3. How will you do outreach?

G.

How will you determine and provide measurable results and outcome of project?
 (Examples: number of classes taught, number of participants served, number of educational materials distributed, etc.)

H.

- 1. Will you be using volunteers to implement the program/project? yes_____ no_____
- 2. How will volunteers be utilized?
- 3. Approximate number of hours_____ per volunteer_____

I.

Identify all sources of income for the project/program and the amount. (grant requests, fees, private donations, other)

 Total income

J.

Proposed budget for the Project

Sources (Identify)

1. Personnel	\$	<input type="text"/>
a. staff time (hours)_____		
2. Publicity	\$	<input type="text"/>
3. Other	\$	<input type="text"/>
4. Equipment/Supplies	\$	<input type="text"/>
5. Other	\$	<input type="text"/>
Total Expenses	\$	<input type="text"/>

K.

Can this proposal be partially funded? yes_____ no_____

Please explain:

L.

If this program is successful what are your plans for future funding?

Signature:

 Executive Director of Agency