

**THE Robert Bowne Foundation, INC**  
**PROPOSAL COVER SHEET**

**DATE:** \_\_\_\_\_

**I. CONTACT INFORMATION**

**A. Organization name:** \_\_\_\_\_  
*[Please state the legal name as indicated on the organization's 501(C)(3).]*

**Organization address:** \_\_\_\_\_

**School District:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Executive Director:** \_\_\_\_\_

*[if different than above]:*

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Afterschool/Education Director** \_\_\_\_\_

*[if different than above]:*

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Development Director** \_\_\_\_\_

*[if different than above]:*

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Who is the primary contact person?** \_\_\_\_\_

**Who is the secondary contact person?** \_\_\_\_\_

**B. Afterschool program / project name:** \_\_\_\_\_

**Afterschool program address** *[if different than above]:* \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

## II. FINANCIAL INFORMATION

A. Is your organization a 501 (C)(3)?: Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please name your fiscal sponsor: \_\_\_\_\_

*[Please state the legal name as indicated on the organization's 501(C)(3).]*

B. Budget Size

Total organization: \_\_\_\_\_ Total program / project: \_\_\_\_\_

C. Most recent audited statement: \_\_\_\_\_

When will your next audited statement become available? \_\_\_\_\_

## III. SUPPORTING MATERIALS

A. FINANCIALS

Organization's 501(C)(3)

Most recent audited statement

Organizational budget *(Please include expenses and income for the current and next program year.)*

Afterschool program / project budget *(Please include expenses, an itemized breakdown of income, and projected / pending sources of support for the current and next program year.)*

B. STAFF & BOARD OF DIRECTORS

Organizational chart *(please note lines for decision-making for the program / project)*

Staff list for afterschool program / project *(Please include brief descriptions of job functions, part or full-time status, and length of time with organization)*

Board of Directors list *(Please include affiliations)*

C. PROGRAM INFORMATION

Lesson plans and/or activity guides *(Please provide samples of each, if applicable. In the event that you use a lengthy activity guide, please excerpt several pages as an example.)*

Evaluation / evaluation tools *(if applicable)*

Program / project brochure

*THE Robert Bowne Foundation, INC*  
**PROPOSAL FORMAT**

**I. Amount Requested**

**II. SUMMARY OF REQUEST** (*1 page or less*)

Please summarize the program / project for which you are seeking funding and the purpose of the grant request.

**III. BACKGROUND & HISTORY** (*half page or less*)

Please tell us about the history of your organization. What other programs or services do you offer? What is the purpose of your organization? What need does it meet in the community? What part does your afterschool program / project play in the organization's purpose?

**IV. DESCRIPTION OF PROGRAM / PROJECT**

**A.** Please describe your program / project. Specifically, describe the following:

- Project goals: What do you want to accomplish?
- Objectives: How will you accomplish them?
- What are the specific benefits of your program / project to the young people served?
- How will you measure your success?

**B.** Please describe how your program addresses the literacy needs of young people. Specifically, describe the following:

- Are you currently providing literacy activities? If yes, please describe the activities.
- Would you like to increase or integrate literacy activities through out your program? If yes, please describe your plan and/or strategy.
- Do you need assistance in developing, or implementing a plan? If yes, what kind of help?
- How will you know you have addressed the literacy needs of the of the young people?

**C.** Do you have a library at your program? If yes, for what ages?

- How is it used?
- Do you have goals for its development? If yes, what are they? Do you need assistance?

**D.** Do the following occur at your program? If so how?

- Program planning
- Lesson planning / curriculum development
- Evaluation

**E.** Describe your program / project structure. Specifically, provide the following:

- Activities offered and their duration
- Daily / weekly schedule
- Structure and frequency of staff meetings
- Number of years the program / project has been operational
- Staff to participant ratio
- Number of children served

**F.** Briefly describe the program / project staff. What is their educational and work background? What staff development activities have they participated in this last year? What “in-house” opportunities are available?

**G.** Has anyone from your organization participated in the following (*please check*):

Institute for Not-for-Profit Management’s

- Executive Seminar
- Middle Management Seminar
- Leadership Seminar

The Literacy Assistance Center’s

- Creative Literacy in After School Programs Initiative
- Evaluation Institute
- Other \_\_\_\_\_

The Institute for Literacy Studies’

- Reading Process & Practice Course
- Youth Education Scholars

The Nonprofit Connection’s/Community Resource Exchange

- Management Courses
- Consulting Services

The Partnership for After School Education’s

- General Meetings
- Peer Technical Assistance Teams
- Other \_\_\_\_\_

**H.** Is there anything else you would like to tell us about your program / project?