

Request for Proposal

I. CONTACT INFORMATION

Organization Name: _____

Federal Identification Number: _____ Tax exempt: Y N

Address: _____

Telephone, fax, e-mail: _____

Executive Director or project manager: _____

Total organizational budget (current year): _____

II. DESCRIBE YOUR ORGANIZATION

Please briefly (no more than two pages) answer the following questions:

1. Mission statement or objective of your organization.
2. Provide a brief history of your organization, including the year it was founded.
3. Provide examples of past accomplishments or current projects as they relate to the proposal.
4. How does the organization evaluate its effectiveness?
5. What auditing system or procedure does your organization use?
6. Please identify the individual(s) that hold fiscal responsibility for your organization.

III. DESCRIBE YOUR PROJECT

Amount requested: _____ Period grant will cover: _____

Type of request (general support, start-up, technical assistance, etc.): _____

Project title (if project funding is requested): _____

Total project budget (if request is for other than general support): _____

Please briefly (no more than two pages) answer the following questions:

1. What do you wish to do with the grant funds?
2. How will your proposal address a community need that is not already being met?
3. How will your proposal be integrated, if appropriate, with existing community resources?

IV. CURRENT YEAR BUDGET

Budget for the period: _____ to _____

| EXPENSES | | | INCOME | |
|--------------------------------|-------|-----------------|---|-----------------|
| Salaries and Wages | | | Government grants and contracts (specify) | |
| Position | FT/PT | Amount | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | Foundation grants (specify) | |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | Corporation grants (specify) | |
| Other expenses | | | _____ | \$ _____ |
| Fringe benefits and payroll | | \$ _____ | Religious Institutions | \$ _____ |
| Consultants, Professional fees | | \$ _____ | United Way and other federated campaigns | |
| Travel | | \$ _____ | Individual contributions | |
| Equipment | | \$ _____ | Fundraising events and products | |
| Supplies | | \$ _____ | Membership income | |
| Training | | \$ _____ | In-kind support | |
| Printing and copying | | \$ _____ | Other earned income (specify) | |
| Telephone and fax | | \$ _____ | _____ | \$ _____ |
| Rent and utilities | | \$ _____ | _____ | \$ _____ |
| In-kinds expense | | \$ _____ | _____ | \$ _____ |
| Other _____ | | \$ _____ | _____ | \$ _____ |
| TOTAL EXPENSE | | \$ _____ | TOTAL INCOME | \$ _____ |
| | | | BALANCE | \$ _____ |

V. CERTIFICATION

This application must be signed by a person in your organization with executive, fiscal management responsibility.

The undersigned hereby affirms that the statements made in the application are true and complete to the best of the applicant's knowledge. The applicant accepts as a condition of the grant the obligation to comply with all state and federal requirements, policies, standards and regulations. In addition the agency agrees to comply with Government Code Section 8355 in matters relating to providing a drug-free workplace.

Signed

Date

Title

END