

Proposal Summary Form
The Children's Investment Strategy's Request for Proposals
Programs to Serve Children Youth and their Communities

Please provide the requested information in the spaces provided below. If an item does not apply to the organization, please indicate N/A. Attach one copy to the front of each Proposal Narrative.

1. Name of Organization (Name appearing on organization letterhead);

2. Organization Information

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Web site: _____

3. Name and Title of CEO/ Executive Director

CEO/ Executive Director Address if different from above:

Telephone: _____ Fax: _____

E-mail: _____

4. Contact Person for this proposal:

Name: _____ Title: _____

Telephone: _____ Fax: _____

E-mail: _____

5. Funding Requested for (check all that apply):

___ After school/ Youth Development Programs ___ Beacon Schools

6. Location of Programs (Address for site where each program will be implemented):

Site #1 _____

Program Type (after school, Beacon) _____

Site #2 _____

Program Type (after school, Beacon) _____

7. Amount of Grants Request:

Year 1
(1/1/03- 6/30/03)

After School _____

Beacon School _____

8. School Information:

Name of School/Facility: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Name of Principal or Contact Person: _____

E-mail: _____

9. Projected number of children to be served:

11 and under: _____ 12 and over: _____

10. Targeted Zip Codes:

11. Are you a minority business?

Yes _____ No _____

12. Are you a licensed/ certified childcare provider?

Yes _____ No _____

13. Signature of Lead Agency CEO/ Executive Director:

_____ Date: _____