



The Erie  
Community  
Foundation

*Helping today... Shaping tomorrow.*

# Proposal Narrative

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## 1. Organizational History

Please describe your organization, its history, and your capacity for carrying out the proposed project.

## 2. Proposal Description

Please describe what you are asking for (including dollar amount) and explain the identified community need addressed by your proposal.

## 3. Evaluation

Please list and describe your goals, objectives, and outcomes. *Goals* identify the overarching purpose of your project. *Objectives* refer to your activities and methods for carrying out your project. *Outcomes* refer to the final results of your project.

## 4. Budget Narrative

Describe the amount you are seeking from The Erie Community Foundation as well as other funders involved. Also articulate the sustainability plan for the program or service beyond our funding (i.e., realignment of operations, increased capacity to bill for services, external grants from x, y, z sources, etc.).



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[www.eriecommunityfoundation.org](http://www.eriecommunityfoundation.org)

# Grant Summary

Please complete entire form.

**Program Area:** Check appropriate box

**First quarter: Deadline Friday, January 15, 2010**

Arts & Culture

**Third quarter: Friday, Deadline July 16, 2010**

Health       Environment

**Second quarter: Deadline Friday, April 16, 2010**

Human Services       Community Development

**Fourth quarter: Friday, Deadline October 1, 2010**

Education

Name of Organization: \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Contact Person (Grant Writer) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

Title of Project \_\_\_\_\_ Project Duration \_\_\_\_\_

Total Cost of Project \_\_\_\_\_ Amount Requested from Foundation \_\_\_\_\_

Briefly describe what community need and demographic your project will address:

Is your organization tax exempt?

EIN/Tax ID # \_\_\_\_\_

The undersigned hereby certify that all information contained in and submitted with this proposal is correct, and that this proposal is submitted with the approval of the board of directors, and that this organization will execute a grant agreement if a grant is awarded to us.

\_\_\_\_\_  
Board Chair (volunteer) - Print Name

\_\_\_\_\_  
Agency CEO (Staff) - Print Name

\_\_\_\_\_  
Board Chair (volunteer) Signature

\_\_\_\_\_  
Agency CEO (staff) Signature



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# Budget Worksheet

*Please use this form for your proposal budget.*

Items	Requested Amount From ECF	Your Agency Contribution	Other Agency or Funder Contribution (in-kind or cash) Include Source	Total Program Cost
Personnel:				
Personnel Fringe:				
Construction:				
Equipment:>\$1,000				
Supplies:<\$1,000				
Contracted Services:				
Other: (i.e., outside evaluation)				
<b>TOTAL:</b>				