

I. Cover Section

Date of Application _____

Name of Organization _____

Number of years Organization has
operated in Harford County _____

Address _____

E-Mail Address _____

Telephone Number(s) _____

Fax _____

Contact Person _____

Amount of Grant Request _____

Time Period Grant Will Cover _____

Date by Which Grant Needed _____

II. Narrative

A. Briefly describe your organization - include goals and objectives.

B. Describe the project for which you are seeking funding. Include details about who will receive what type of service, when, where, how, and by whom. Include the projected number of people to be served.

C. Describe plans for how the project's success will be defined and/or measured, and how you will evaluate that success.

III. Budget

How will your organization spend the grant funds?

Line Item	Amount
Supplies	\$ _____
Educational Materials	\$ _____
Transportation	\$ _____
Equipment	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

(Use Additional Page If Needed)

Evaluation Criteria

Completeness of Proposal **20 Points**

Organization, Project Evaluation Information **50 Points**

Description of Project & Target Population

Attainable and Measurable Goals

Objectives Support the Mission of the Close Foundation

Ability of Organization to Achieve Objectives within Grant Period

Evaluation Strategies

Fiscal and Accounting Procedures **30 Points**

Strong Fiscal Plan

Realistic Budget

Detail Budget Narrative