|  |
| --- |
| **Funding Cycle** |
|   | Spring |
|   | Fall |
|   | Winter |
| **Grant/Report** |
|    | New |
|   |  |
|   |  |

#

 780 Third Avenue New York, NY 10017

 Phone: 212 888-4117

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

###### 2020 NEW PROPOSAL COVER SHEET

##### Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_

Executive Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_ E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Name of Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Target Population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BUDGET INFORMATION** | **Total Agency Budget** | **Program Budget** |  **Butler Foundation Grant**  | **Program Dates** |
| **2020** **Grant Request** |   |   |   | \_\_/\_\_/\_\_\_-\_\_/\_\_/\_\_\_ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **% of Funding** | **Government** | **Foundation/****Corporation** | **Individuals** | **Endowment** | **Program Fees/ Earned Revenue** | **Board Contribution** |
| Agency |   |   |   |   |   |   |
| Program |   |   |   |   |   |   |

TARGET POPULATION

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROGRAM PARTICIPATION** | **Total Unduplicated** | **M** | **F** |  | **Pre-school** | **5-12** | **13-21** | **22-39** | **40-64** | **65 +** |
| **2020*****Anticipated # to be served*** |   |   |   |   |   |   |   |   |   |   |

PROGRAM SCHEDULE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **After School** | **Year Round** | **Summer** | **Vacation** | **Other** *Please Describe*  |  | **Hrs per Session**  | **Number Sessions per** **WEEK / MONTH *(Circle one )*** |
|   |   |   |   |   |   |   |   |

|  |
| --- |
| **Provide a brief description of the Organization’s Mission/Vision Statement:** |
|  |
| Provide a brief overview of the organization and its programs and activities.  |
|  |
| In light of the Foundation’s focus on disabilities and our desire to raise awareness of meaningful inclusion of people with disabilities in the larger community, please answer the following:* Does your organization include people with disabilities on its board and staff, and among those you serve?
* If applicable, describe your efforts to increase the organization’s capacity to effectively serve and employ individuals with disabilities.
 |
|  |
| **Other Funders** *(foundations, government etc)*: |
|  |
| **Previous Butler Funding** *(include programs & # of years funded):* |

The agency named above will act as the responsible fiscal agent for any funds and will comply with tax law regulations and the J.E. & Z.B. Foundation policies. We understand that the Foundation may require the opportunity to visit the organization before awarding the grant and/or after the grant is awarded for purposes of project evaluation

 Signature Title Date

NEW Proposal Guidelines/Narrative *5 pages maximum, 12 pt Font*

* Cover Sheet
* Program Request
	+ Describe the program for which you are requesting funding.
	+ Include evidence of need in the community and how the program meets that need.
	+ Indicate three (3) program goals that you want to accomplish in the coming year and discuss how you will know when you have accomplished them.
	+ Describe criteria for participation, outreach and recruitment strategies, enrollment/ interview process, timeline and frequency of activities.
* Collaboration:
	+ What other organizations will you collaborate with to achieve your stated goals?
	+ Discuss any funds they will receive and how you will monitor their work
* Key Staff: Describe roles, qualifications and education and experience of key staff involved in the project.
* Engagement: Describe your efforts to engage participants and their families in your organization and how you address their evolving needs?
* Impact:
	+ Explain how you will measure the effectiveness of your activities, you criteria for a successful program and the results you expect to achieve by the end of the funding period.
	+ How will you use the data you collect to improve current programming and plan for the future
* Sustainability: Describe your efforts to bring in additional revenue outside of Butler funding?

# Budget: Please use the “New Proposal” budget form available under “FORMS” on our website [www.butlerfoundation.org](http://www.butlerfoundation.org)

# Most recent audited financial statement

# Copy of 501(c)(3)

* **Organization and Program Materials and Publicity** related to the project, organizational annual report, brochures and newsletters, if available
* **List of Board of Directors**