



The Family League of Baltimore City

PROPOSAL COVER PAGE

| | | | |
|---|-------------------------------------|---|---------------------------------|
| Applicant Organization: | | | |
| Executive Director: | | | |
| Address: | | | |
| | | Zip | |
| Phone: | () | Fax: | () |
| e-mail: | | | |
| Federal Tax ID: | | | |
| Program Name: | | | |
| Contact Person: (if different from Executive Director) | | Title: | |
| Address: | | | |
| | | Zip | |
| Phone: | () | Fax: | () |
| e-mail: | | | |
| Type of Program: | <input type="checkbox"/> BOOST | <input type="checkbox"/> YouthPlace | <input type="checkbox"/> A-Team |
| If BOOST, Name of School: | | School # | |
| Principal: | | | |
| Address: | | | |
| | | Zip | |
| Amount Requested: | \$ | Cost Per Youth: | \$ |
| Number of Youth to be Served: | | | |
| Grade Levels to be Served (check all that apply) | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| If your organization is currently receiving or has received funding from the Family League in past years, please provide the following information: | | | |
| Fiscal Year: | | Amount: | \$ |
| Funding Type: | | | |
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| Funding Type: | | | |
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| Funding Type: | | | |
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| Funding Type: | | | |
| Proposal Checklist: | | | |
| <input type="checkbox"/> Narrative Responses | | <input type="checkbox"/> Budget Form | |
| <input type="checkbox"/> BLAST MOU (if applicable) | | | |
| <input type="checkbox"/> Letter of Commitment from Principal (required for BOOST only) | | | |
| Required Forms & Certifications: | | | |
| <input type="checkbox"/> Affidavit | | | |
| <input type="checkbox"/> Baltimore City YouthWorks Form | | <input type="checkbox"/> Baltimore City Residents First Certification Statement | |
| <input type="checkbox"/> New Vendor Form (new applicants only) | | <input type="checkbox"/> Completed W-9 Form (new applicants only) | |