

# Request for Proposal

## I. CONTACT INFORMATION

Organization Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_ Tax exempt: Y N

Address: \_\_\_\_\_

Telephone, fax, e-mail: \_\_\_\_\_

Executive Director or project manager: \_\_\_\_\_

Total organizational budget (current year): \_\_\_\_\_

## II. DESCRIBE YOUR ORGANIZATION

**Please briefly (no more than two pages) answer the following questions:**

1. Mission statement or objective of your organization.
2. Provide a brief history of your organization, including the year it was founded.
3. Provide examples of past accomplishments or current projects as they relate to the proposal.
4. How does the organization evaluate its effectiveness?
5. What auditing system or procedure does your organization use?
6. Please identify the individual(s) that hold fiscal responsibility for your organization.

## III. DESCRIBE YOUR PROJECT

Amount requested: \_\_\_\_\_ Period grant will cover: \_\_\_\_\_

Type of request (general support, start-up, technical assistance, etc.): \_\_\_\_\_

Project title (if project funding is requested): \_\_\_\_\_

Total project budget (if request is for other than general support): \_\_\_\_\_

**Please briefly (no more than two pages) answer the following questions:**

1. What do you wish to do with the grant funds?
2. How will your proposal address a community need that is not already being met?
3. How will your proposal be integrated, if appropriate, with existing community resources?

## IV. FUNDING SOURCES

1. From whom have you requested funding?
2. Enter the dollar amount that each organization/agency is contributing to your project in the income section of the RFP budget form in Section V.

## V. CURRENT YEAR BUDGET

Budget for the period of \_\_\_\_\_ to \_\_\_\_\_

### EXPENSES

<b>Salaries &amp; Wages</b>		
Position	FTE	Amount
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
Benefits		\$ _____
<b>Other Expenses</b>		
Consultants, profess fees		\$ _____
Travel		\$ _____
Equipment		\$ _____
Supplies		\$ _____
Training		\$ _____
Printing & copying		\$ _____
Telephone & fax		\$ _____
Rent & utilities		\$ _____
In-kind expense		\$ _____
Other		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
<b>TOTAL EXPENSE</b>		\$ _____

### INCOME

<b>Funding sources</b>	
<b>Law Enforcement Agencies (specify)</b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Government Grants (specify source)	
_____	\$ _____
Foundation Grants (specify source)	
_____	\$ _____
Corporation Grants (specify source)	
_____	\$ _____
Religious Institutions	\$ _____
United Way & Other Federated Campaigns	\$ _____
Individual Contributions	\$ _____
Fundraising	\$ _____
Membership Income	\$ _____
In-kind support	\$ _____
Other income (specify)	
_____	\$ _____
<b>TOTAL INCOME</b>	\$ _____
<b>BALANCE</b>	\$ _____

## VI. CERTIFICATION

**This application must be signed by a person in your organization with executive, fiscal management responsibility.**

The undersigned hereby affirms that the statements made in the application are true and complete to the best of the applicant's knowledge. The applicant accepts as a condition of the grant the obligation to comply with all state and federal requirements, policies, standards and regulations. In addition the agency agrees to comply with Government Code Section 8355 in matters relating to providing a drug-free workplace.

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Signed

Date

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Title

END