**Form GP3**

**TALBOT FAMILY NETWORK**

**REQUEST FOR PROPOSALS**

**COVER PAGE – Afterschool Program FY23**

Name of Administrative Organization:

Contact Person/Project Director:

Organization Address:

Phone: E-mail:

Organization's Federal ID #:

Name of Fiscal Officer (responsible for fund monitoring):

Phone: E-mail:

Project Title:

Brief Description of Project (50 words or less):

Geographical Area/Schools(s) to be Served:

Project Location:

Project Duration: Amount Requested $:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director/Agency Director Date

 Most recent audit/financial review or most recent IRS Form 990 are attached.

Proposals without these may not be reviewed.

**Form: GP4**

**TALBOT FAMILY NETWORK**

## PROJECT BUDGET – Afterschool Programming FY23 (maximum award $38,110)

Organization Name:

Project Title*:*

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENSES** | **Justification** | **Amount Requested** | **Other Funding** |
| **PERSONNEL** |  |  |  |
| Salaries | (e.g. Youth Worker $18/hr x 10 hrs/wk x 24 wks = $4,320) |  |  |
| Fringe Benefits (provide detail) |  |  |  |
| **OPERATING EXPENSES** |  |  |  |
| Communications |  |  |  |
| Postage |  |  |  |
| Advertising |  |  |  |
| Office Supplies |  |  |  |
| Insurance |  |  |  |
| Printing |  |  |  |
| Information Technology |  |  |  |
| Vehicle Operation |  |  |  |
| **CONTRACTUAL SERVICES** |  |  |  |
| Training |  |  |  |
| Consultant |  |  |  |
| **OTHER** |  |  |  |
| Program Supplies |  |  |  |
| Food | (e.g. Food for family night $12pp x 75 people = $900) |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| **TOTAL REQUESTED** |  |  |  |

Describe other sources of financial and in-kind support for this project (matching funds are NOT required):