Mayor' Office of Partnerships& Grant Services (OPGS)
Summer 2014 Intensive 8-week Grant Proposal Writing Course
Registration Form

GENERAL INFORMATION

Name (Last, First, Middle Initial)

_____

Title

_____

Organization

_____

Office Number

_____

Address (Street, City, State, Zip Code)

_____
_____

Cell Number

_____

Wards You Serve

_____ _____ _____

E-Mail Address

_____

Year Organization Was Formed: _____

GRANTWRITING EXPERIENCE

Length Of Time You Have
Been Writing Proposal

_____Years ____Months

Number Of Proposals
Submitted In FY 12

_____

Of Successful Proposals
Submitted In FY13 _____

Of Successful Proposals
Submitted In Fy14 _____

Largest Amount Of Grant Money
Awarded in FY 13-14 _____

Average Amount Of Grant Money
Awarded in FY 13-14 ____

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TYPES OF PROPOSAL SUBMISSIONS

Please check the types of proposals you have submitted in FY11 and FY12.

Foundation _____ District _____ Federal _____ Capacity Building _____

Corporate _____ Program _____ Capitol _____ Other _____

If other please list:

_____

_____

_____

_____

ORGANIZATION MISSION STATEMENT

_____

_____

_____

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_____

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ORGANIZATION'S YEARLY BUDGET:

2012 _____ 2013_____

Please provide a brief summary of how the course will be beneficial to you and your organization. Include a statement demonstrating how you will be able to commit to attending the entire course. (Add additional sheets if necessary)

_____

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