

# Adolescent Parenting Coalition Inc.

## Collaborative Grant Application Cover Sheet

**Names and addresses of groups/organizations:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Contact person for request \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

**Brief description of Project:**

Please submit four copies of:

1. Organizations officers and Board of directors and their affiliations
2. Narrative and Budget (respond to the questions on the reverse side of cover sheet) maximum of three pages including budget

**This Application must be signed by the CEO, President or another officer of both/all organizations involved in grant request:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Narrative and Budget for APC Collaborative Grants

Please structure your application according to the sections below:

1. **Organizational Overview-** Provide a **brief** overview of both/all organizations involved in this application including constituencies served.
2. **Statement of Need/Opportunity:** Explain the need or opportunity that is causing you to take the action proposed in this application. Whenever possible substantiate your assertions with data.
3. **Objectives:** Articulate what you hope to achieve with this grant. How will implementing this proposal improve opportunities for adolescent parents, women and/or girls in NE Wisconsin? Approximately how many individuals will be served?
4. **Program and Activities;** Highlight proposed actions that are designed to meet objectives articulated above. Also include a proposed schedule of events or timetable for your actions.
5. **Evaluation/Measuring success:** How will you provide feedback to the APC to evaluate your successes? A final project report at the end of the grant year.
6. **Budget:** Provide a budget for your proposed activities.
7. **APC Involvement:** Describe organizations' involvement with the APC during the past year.

### **Total funds available: \$4000.00**

- a. Grants will be made up to \$4000. There may be one large grant approved or several smaller ones.
- b. Grantees will have 12 months to expend funds
- c. Funds will be distributed on a cost reimbursement basis; bills must be submitted. Reimbursement within 2 weeks.

Please provide four copies of application

**Applications Due: October 14, 2011**

**Notification of grants: November 11, 2011**

Mail to: APC, Inc.  
PO Box 12624, Green Bay, WI 54307-2624