Proposal Cover Sheet

Please complete the form below. The cover sheet should not exceed 2 pages.

ORGANIZATION PROFILE	
Name of Applicant Organization	
DUNS Number	
Organization's Address, City, and Zip Code	
Name of Program	
Proposed Neighborhood of Service Delivery	
Executive Director's Name	
Name and title of primary contact for the grant	
E-mail address and phone number of primary contact for the grant	
Total organizational budget	**$**
Total AEI Funds Requested	**$**

PROGRAM SUMMARY	
Total number of AEI participants to be served:	**Select which program type(s) your program will provide:** ☐ Diploma ☐ Hi-Set
Demographic Information ***(indicate the % of clients with the following characteristics you plan to serve):***	
Gender Female: % Male: % **Age** 16-17: % 20-21: % 18-19: % **Barriers** Basic skills deficient % ELL % DSS/Foster Care % Pregnant/parenting % Disabled % Homeless % Court-involved % Ex-offender %	**Race** American Indian/Alaskan Native % Black/African-American % Native Hawaiian/Pacific Islander % Other/Multi-Racial % Asian % White % **Ethnicity** Hispanic or Latino % **BHA residents** %

Neighborhood(s) the majority of participants will come from:

☐ Allston/Brighton	☐ East Boston	☐ Roslindale
☐ Back Bay/Beacon Hill	☐ Fenway-Kenmore	☐ Roxbury/Mission Hill
☐ Charlestown	☐ Hyde Park	☐ South Boston
☐ Chinatown	☐ Jamaica Plain	☐ South End
☐ Downtown	☐ Mattapan	☐ West End
☐ Dorchester	☐ North End	☐ West Roxbury

PARTNERS *(add rows as needed)*

Type/Role of Partner *(e.g. Employer)*	**Organization Name**	**Contact Name**