

**PROPOSAL TEMPLATE**

EDUCATION EQUITY COMMUNITY PARTNERS PROGRAM

*Instructions*

Please ensure that you:

* Fill out all of the information and **answer all questions**.
* **Refer directly to the RFP**, especially the advocacy principles, activities, and outcomes, as you complete this proposal template.
* Email your proposal as **one Word document (less than 9 pages)** and a proposal budget as **one Excel document**. Please **do not submit PDF files**.
* Email your proposal and proposal budget to **Allyson Osorio** at aosorio@edtrustwest.org

If your proposal is approved, you will receive a grant agreement once approved. Please print, sign, and scan the letter and return it to us via email.

*Basic Information*

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| **Date Submitted** |  |
| **Organization Information***Name:**Address:**Phone Number:**Website:* |  |
| **Organization’s Official Name on 501(c)(3)** |  |
| **Organization’s Fiscal Year End** |  |
| **Contact Person (The primary contact for this proposal)***Name:**Title:**Phone number:**E-mail address:* |  |
| **Grant Start Date** | 1/18/19 |
| **Grant End Date** | 10/31/19 |

*Proposal Questions and Responses*

1. **Brief background of the organization (less than half a page) –** Please describe the mission of your organization.

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1. **Strategy –** Please describe your approach to advocacy, especially as it relates to education equity.

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1. **Activities –** Please describe which activities (that have been described in the RFP) your organization plans to undertake, and:
	* Be sure that you list activities for each of the areas in the below chart;
	* Identify the number of each activity you will be able to complete during the grant period (e.g. “2 meetings”);
	* Specify how you will measure and document the completion of these activities;
	* Include estimated deadlines for all activities.

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| **AREA** | **ACTIVITY** | **NUMBER** | **MEASURED BY** | **DATE COMPLETED BY** |
| **Engage Community Members and Students** |  |  |  |  |
| **Advocate for State and Local Policies** |  |  |  |  |
| **Engage in State and Local Advocacy** |  |  |  |  |
| **Actively Participate and a Community Partner** |  |  |  |  |
| **Garner Social Media & Media Attention** |  |  |  |  |
| **Documenting Impact and Lessons Learned** |  |  |  |  |

1. **Partnerships –** Please describe any current or potential partnerships that might assist you as you undertake this work.

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1. **Outcomes –** Please describe the outcomes (i.e. impact on state and/or local policy) you hope your work will accomplish.

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1. **Staff (less than half a page) –** Please briefly describe the staff members that will work on these activities.

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1. **Other** – Please share anything you would like us to keep in mind when reviewing your application.