

Organization: _____ Program: _____

**OKLAHOMA BAR FOUNDATION
BANK OF AMERICA GRANT PROPOSAL
PROPOSAL DESCRIPTION FORM**

PART I

Submitted to:
Renee DeMoss, Executive Director
Oklahoma Bar Foundation

Part I(A) – Executive Summary

Date: _____

Applicant (Organization) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Executive Director: _____

Executive Director Email: _____

Grant Contact: _____

Grant Contact Email: _____

Internet Website Address: _____

Total Amount of Request for Program: _____

Total Program Budget: _____ Program Start Date: _____ Program End Date: _____

If Program is done in partnership with another organization, identify the organization, and provide contact information: _____

Please indicate the nature of your program: _____

- Foreclosure Prevention Program Community Redevelopment Program

Organization: _____

Program: _____

In the space below, state the purpose of the funds requested.

(State what you intend to do with the money, e.g., “fund one lawyer position to handle foreclosure cases” or “engage disconnected youth or adults through skills training, access to career placement, assistance with legal related issues that interfere with ability to sustain employment”).

Organization Executive Director

Organization Board President or Chair

Date

Date

Organization: _____ Program: _____

Part I(B) – Applicant Organization Information

Please confine your responses to the space allotted. If necessary, include additional information in the space provided on Part IV.

<p>Organization mission statement and goals. <i>Please list briefly, using bullets.</i></p>
<p>Programs and activities. <i>Describe your organization’s current programs or activities. Include any particular strengths or accomplishments.</i></p>
<p>Organization board members. <i>Please list the current officers and members.</i></p>
<p>Paid Staff. <i>Include number and salaries of full-time paid staff and part- time paid staff, with a brief description of any position to be funded through this grant.</i></p>

Organization: _____

Program: _____

Volunteers. *Number of organization volunteers. Identify any particular source of volunteers, such as pro bono organization or League of Women Voters.*

Organization Resources. *Please provide the total amount of organization Reserves and/or Endowments, and identify in-kind resources your organization receives.*

Other Organization Financial Support. *Please list all other companies, foundations and resources you are approaching to fund this program. Also specify any potential matching grant fund sources.*

Past OBF Financial Support. *Have you previously received funding from the Oklahoma Bar Foundation? If so, include date and amount of all grants received in the last five years.*

Organization: _____ Program: _____

Part I(C) Program Proposal Description

Please confine your responses to the space allotted. If necessary, include additional information in the space provided on Part IV.

Program Name.

Program Goals and Activities. *Please describe the Program’s intent, major goals and proposed services, as well as the activities you will conduct to achieve them, as specifically and concisely as possible.*

Program Need. *Please describe and provide evidence or information regarding the need for the proposed Program, and how your services will address the need.*

Target Communities and Geographic Areas. *Please describe the communities/ areas that this Program will serve, and include information about its foreclosure assistance or redevelopment assistance needs.*

Organization: _____

Program: _____

Target Population. *Describe the population that is intended to receive the proposed services, and how you identified this as your target. Include the expected number and types of individuals or groups served.*

Service Eligibility Restrictions. *Are there any eligibility restrictions on the Target Population based on income, location, residence status, age or any other factor? If so, what is the source of the restrictions, e.g., federal law or regulations?*

Target Population Program Awareness and Outreach. *Please describe the steps you will take to ensure that the Target Population for services will be made aware of the Program's existence. Do you anticipate any obstacles, and if so, how do you plan to address them?*

Program Staffing. *Please describe key personnel and positions of those who will carry out the proposed activities and services, including qualifications. Do not attach resumes, but provide brief profiles.*

Organization: _____

Program: _____

Collaboration. *Please describe any proposed partnerships or coordination with other organizations or programs available to help achieve the goals of the Program. Specify if any proposed partners are submitting separate grant applications.*

Pro bono/Private Bar Involvement. *Please describe how staff and pro bono resources will work together on the program, if applicable.*

Criteria for Evaluating Program Success. *Please describe the methods you will use to track outcomes and measure your success, including specific criteria and factors. When activities have been completed, what do you intend the result will be?*

Future Plans and Sustainability. *Is the Program anticipated to continue beyond the term of the Grant Program End Date you have identified? If so, please describe your plans and strategy to secure future funding and sustainability for the Program.*

Organization: _____

Program: _____

Data Collection. *The National Association of IOLTA Programs is collecting certain information related to Bank of America Grants, as set forth in V(A) and (B) of the RFP. Do you agree to provide information for this data gathering effort?*

Grant Publicity. *How will the grant be publicized if awarded? How will the Oklahoma Bar Foundation be recognized the grant if awarded?*

Organization: _____ Program: _____

**OKLAHOMA BAR FOUNDATION
BANK OF AMERICA GRANT PROPOSAL
PROPOSAL/APPLICATION BUDGET FORM**

PART II

Organization Name:			
Program Name:			
Start Date:			
End Date:			
Total Amount of BOA Grant Funds Requested for Current Funding of Program:	\$		

PERSONNEL (Salary & Benefits x Percentage of Time = Total Program Budget Amount)				
Job Title (specify full-time or part-time)	Total Salary (FTE)	% of Time Allocated to Program	Total Program Budget	Amount Requested from OBF
Total Personnel:				
NON-PERSONNEL				
Space				
Equipment				
Supplies				
Printing & Copying				
Postage and Delivery				
Telephone/Internet				
Training				
Travel				
Other (Please detail – attach extra page if necessary)				
Total Non-Personnel				
TOTAL EXPENSES:				
TOTAL EXPENSES:				

Description of any donated goods and/or services.

ADDITIONAL FUNDING SOURCES: If the Total Program Budget is more than the amount awarded from the OBF, please detail additional revenue here, and indicate whether the funding is pending or secured. Do not combine pending funding with secured amounts. Indicate amounts separately.

NON-OBF FUNDING SOURCES	Status	Amount
TOTAL:		

Organization: _____ Program: _____

**OKLAHOMA BAR FOUNDATION
BANK OF AMERICA SETTLEMENT FUNDS
REQUIRED MATERIALS FOR SUBMISSION**

PART III

1. Most Recent IRS Form 990 or other tax report form
2. Current Board-Approved Organization Budget

Organization: _____ Program: _____

**OKLAHOMA BAR FOUNDATION
BANK OF AMERICA GRANT PROPOSAL
ADDITIONAL INFORMATION FOR CONSIDERATION**

PART IV

You may submit in the space below on this electronic page any additional information you wish considered with your grant application. Please limit your comments to 500 words.