



Application

LEAD ORGANIZATION INFORMATION

Name:	
Address:	
Contact Name:	
Contact E-mail Address:	
Contact Phone Number:	

PARTNER #2 INFORMATION

Name:	
Address:	
Contact Name:	
Contact E-mail Address:	
Contact Phone Number:	

PARTNER #3 INFORMATION (if applicable)

Name:	
Address:	
Contact Name:	
Contact E-mail Address:	
Contact Phone Number:	

PARTNER #4 INFORMATION (if applicable)

Name:	
Address:	
Contact Name:	
Contact E-mail Address:	
Contact Phone Number:	

Out 2 Learn 2019- 2020 Fall and Spring Application

Project Name:	
Total Amount of Funding Requested from Out 2 Learn:	
Proposed Zip Code/Neighborhood Served:	Acres Homes, East End, Central Southwest, South Acres/Crestmont, North Forest, Fifth Ward
Start/End Dates, Days and Hours of Program Operation:	_____ : Program Start Date _____ : Program End Date _____ : Days of the Week _____ : Program Hours
Program Location (include organization, address and neighborhood):	
Indicate the partners and their involvement with YPQI to date (Yes or No)	
Total Number of Youth Proposed to Serve	
Ages of Youth Proposed to be served	K-5 th grade 6 th -8 th Grade 9 th -12 th Grade Young Adults



Out 2 Learn
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Proposed Program Narrative
1. Define and describe your overall program goals for the 2019-20 academic year.
2. Describe your proposed program activities, and outline a sample daily agenda.
3. Describe how you will recruit youth into your program. Be specific
4. Define your proposed youth outcomes and the tools used to capture program data.
5. Please describe your parent engagement strategy and activities.



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Collaboration
6. Have the partners collaborating for this project worked together previously? If so, briefly describe the previous partnership.
7. Please detail each partner’s role in the program and the specific service they will provide within the program.
Organization Role Service/Activity

Out 2 Learn Partnership Questions
8. Describe your history working in the neighborhood you propose to serve.
9. Describe how you collect feedback from the youth and families you serve. How do you utilize youth and family voice in your program offerings?
10. Describe any anticipated barriers to program participation and how your project will address those barriers.



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Program Budget	
Prepare the project budget using the template below and answer Budget Narrative questions.	
Budget Time Period: September 1, 2019 through May 31, 2020	
CATEGORY	AMOUNT
REVENUE	\$
Out 2 Learn Grant	
Government Funding	\$
Other donations/grants (corporations, foundations, individuals, etc.)	\$
Client Fees	\$
Other funding	\$
TOTAL REVENUE	\$
EXPENSES	
Salaries and Related Expenses	\$
Professional Fees/Contract Services	\$
Program-Related Expenses	\$
Assistance to Individuals	\$
All Other Expenses	\$
TOTAL EXPENSES	\$

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Budget Narrative
1. Explain your budget for this request. Provide a detailed description of how you plan to spend Out 2 Learn funding, including the number and role of personnel included in your budget. Note: 200 character limit
2. Describe in detail the Program-Related Expenses entered on the Program Budget form. Note: 200 character limit
3. Describe in detail any expenses entered in the Assistance to Individuals line item on the Program Budget form. Note: 200 character limit
4. List other sources of funding. Describe in detail how this proposed project is different or builds from other previously funded projects (including UW affiliate programs and Education Collaborative Summer Grant programs). Note: 200 character limit
5. Provide any additional details about your revenue and expenses to better understand your project. Note: 200 character limit
If fully funded, please indicate the % O2L Funding will be for your overall program budget. Note: 200 character limit

