



CYCLE: _____

Emergency Grant Proposal Form

AVAILABLE TO DPSCD ONLY

(A maximum of one Emergency Grant per school year)

Date: _____

Grant Amount Requested: \$ _____

A. APPLICANT GENERAL INFORMATION (leave blank if N/A)

Applicant Type: New Continuation Reapplication

Applicant Name:

School/Organization:

Department (if applicable):

Program/Project Name:

Program/Project Timeline: Start Date: End Date:

Number of DPSCD students benefiting from Proposal:

B. APPLICANT CONTACT INFORMATION

Name:

Title:

Address 1:

Address 2:

City: State: Zip Code:

Phone #: Fax#:

Email Address:

C. PROPOSAL ABSTRACT (350 word maximum)

Please provide a brief summary about the Proposal:

For promotional purposes, please describe your program in two sentences or less:

D. PROPOSAL INFORMATION

Please provide the following information in the order indicated. The requested information must be submitted and attached to this form on letter size pages (8 ½ x 11 inches), double-spaced and 12 font.

CRITERIA	POINTS	SCORE
Program Design 1. Describe the program/project to be funded by the grant, including the following: <ul style="list-style-type: none"> • Background • Location(s) and Site(s) • Evidence of Need (include any best practices) • Who will Benefit (the number of individuals (i.e. students and/or teachers by grade level) • Expected Outcomes (how will participants benefit, metrics) • Staff Needs (include consultants and volunteers) • Collaborative Partners (include existing or proposed; submit all agreements) 	50	
Budget 2. Submit a detailed line item budget for the Proposal (include all sources of income and in-kind donations). If the applicant intends to sustain activities after expenditure of all Foundation grant funds, provide information about future funding for the program.	25	
Evaluation 3. Describe in detail how the program will be evaluated, including evaluation tools.	20	
Other Requirements 4. Submit evidence that all DPSCD and/or school approvals required for the program have been granted. <p style="text-align: center;">OR</p> If the applicant is a 501(c)(3) organization, submit a copy of the 501(c)(3) determination letter from the IRS.	5	

Please ensure that you have completed all sections of this form and submitted all information requested. Incomplete forms will not be reviewed. This form and all attached information must not exceed 8 pages. This form must be submitted by email to grants@dpsfdn.org on or before 5 pm on the grant cycle deadline date. Proposals submitted after the deadline will not be considered. No mailed nor hand-delivered proposals will be accepted.

The undersigned hereby certifies on behalf of the applicant that the information contained in and submitted with this Grant Proposal Form is accurate and complete and that all DPSCD and/or school approvals required for the program have been granted.

Submitter Name: _____ Title: _____

Signature: _____ Date: _____

Authorizer's Name: _____ Title: _____

Signature: _____ Date: _____

***Organization's Responsible Party**

**Detroit Public Schools Community District (DPSCD) proposals submitted by a school must be signed by the school principal. A DPSCD department or office proposal must be signed by the head of the department or office. A Grant Proposal Form submitted by a 501 (c)(3) organization must be signed by the President/CEO, Executive Director or authorized agent.*

Applicants will be notified within 45 days after the application deadline regarding the status of their application.