
POETRY ALIVE GRANT APPLICATION 2004 -2005

PROJECT NARRATIVE

In narrative form, please address the following questions and attach your narrative to the Summary Cover Page.

1. What is the project name?
2. Under which category does the project fall ? (Traditional Poetry Therapy? Multi-disciplinary? Expressive Writing? Journal Writing? Book Publication? Research? Performance? Other?)
3. What is the background and brief history of the sponsoring organization?
4. What is the population that will be served by this project? (I.e. Who is your population? Where do they live? Why is your project appropriate for this population? How many people will the project serve? **For publications**, describe who your audience is, how the publication will reach your audience, and how many copies of your publication will be printed.)
5. **Description Of Project:** Please tell us what this project is, how often it will be structured (e.g. if it's a workshop, how many sessions, and how long is each session), and how it will be structured.
6. **Project Objectives:** Describe what the purpose or objectives of this project are for the population being served, and if applicable, for the greater community.
7. **Contribution To Poetry Therapy:** Explain how this project will contribute to poetry therapy and/or the poetry therapy community.
8. **Project Assessment:** How will you know the project is successful? (Include promotion, expected results and plans for evaluation.) How will you assess this project at its conclusion?
9. Describe your plans for promoting this project to your target audience and the wider community. (Include information on planned outreach and publicity activities.)
10. Please detail the qualifications of key artists, editors, facilitators or organizations involved with leading executing this project. **Application will be considered incomplete without this information.**

**POETRY ALIVE GRANT APPLICATION
2004 -2005**

SUMMARY COVER PAGE

APPLICATION NUMBER (FOR NAPTF USE ONLY) _____

(Revised 4/25/04)

APPLICANT INFORMATION

Federal Employee ID #/Social Security # _____

Applicant Name _____

Mailing Address _____

City/State/Zip _____

Phone _____

E-mail Address _____

Web Site _____

SPONSORING ORGANIZATION INFORMATION

Sponsoring Organization: _____

Contact Person: _____

Contact Mailing Address: _____

Contact City/State/Zip _____

Contact Phone Day/Evening _____

Contact E-mail Address _____

PROJECT INFORMATION

Project Title: _____

Project Category: (see attached): _____

Project Start/End Dates _____

(Starting with project's development and promotion and ending with project's assessment.)

Brief Description of Project: _____

Amount of Request: _____

Authorized Signature: (Specifics Here)

Signature _____ Title _____ Date _____

******FOR NAPTF USE ONLY: SUBMITTED BY DEADLINE? ___Yes ___No**

\$ _____
Amount Approved Signature of NAPTF Chair or Authorized NAPTF Member/Title _____ Date

NAPT POETRY ALIVE GRANT APPLICATION 2004 -2005

BUDGET CONSIDERATIONS

In addition to funding grants for persons providing poetry therapy to diverse populations, the Foundation desires to utilize the application process as an educational tool, expanding the knowledge and skill base of our applicants through the application process itself. One of the most challenging steps in completing a grant application is completion of a proposed budget. Seemingly daunting, when broken down into component parts, it is easily completed; these tips are being provided as a guide to this process.

DEVISING A BUDGET

What are the benefits of budget planning?

- It can help refine goals that reflect the realistic resource environment.
- It can compel efficient use of available resources.
- It can provide accurate information to adjust, analyze, and evaluate programs and activities.
- It can provide a historical reference for future programming, planning and grant application.

Things To Consider...

- What is the time period of this budget (one semester/quarter, entire fiscal year)?
- What is planned for this time period?
- How much will it cost?
- How will service provider(s)/facilitator(s) be paid:
 - as hourly contractors (they will pay own taxes) or
 - W-2 employees (contract amount needs to include taxes, Medicare, etc.)
- What other stakeholders or natural partners might be approached to provide funding or other necessary resources to complete this project?

Steps to Budget Development

- Establish goals, action plan and time frames for the budget period.
- Examine and establish staffing needs, including wages and all employee-related benefits, if applicable
- Research and collect historical income and expense data, if available, and make projections for the budget time period.
- Based upon prior experience similar to the kind being proposed in this application, establish and/or review relative accounts and make necessary updates to adjust for prior mismatches between projected expenses, real expenses and income.
- Balance by adjusting income and expense projections relative to prioritized goals in this grant proposal

Basic Components of a Budget

- A statement of goals, objectives and priorities.
- A specified time period to which the budget applies.
- Budget components:
 - An estimated detailed income breakdown, including all sources of expected income
 - An estimated detailed expense breakdown that cover direct and incidental expenses

Note: Grants are not expected to cover the entire cost of proposed projects. We encourage applicants to seek support from community partners.

NAPT FOUNDATION - BUDGET PROPOSAL

Program Objectives:

- 1.
- 2.
- 3.
- 4.

Budget for the period: _____ to _____

EXPENSES

Item	Amount	FT/PT/hourly
Amount		
Salaries & wages	\$ _____	_____
(breakdown by individual	_____	_____
position and indicate	_____	_____
full, part-time, hourly)	_____	_____
	_____	_____
Fringe benefits & payroll taxes	\$ _____	
Rent & utilities	\$ _____	
Consultants & professional fees	\$ _____	
Travel	\$ _____	
Equipment	\$ _____	
Supplies	\$ _____	
Books/Realia	\$ _____	
Printing & copying	\$ _____	
Telephone & fax	\$ _____	
Postage & delivery	\$ _____	
Marketing Expenses	\$ _____	

INCOME

Source	Amount
Patient/client payment	\$ _____
Insurance payment	\$ _____
Foundations (specify)	\$ _____
Corporations	\$ _____
Religious Institutions	\$ _____
United Way	\$ _____
Individual contributions	\$ _____
In-kind support	\$ _____
Other income	\$ _____
Fundraising events	\$ _____
Government grants &	\$ _____
contracts (specify)	
(Other – please specify)	
_____	\$ _____
_____	\$ _____
Requested grant amount	\$ _____

TOTAL EXPENSE \$ _____

TOTAL INCOME \$ _____

(Note: Total expense and income must be equal)

Adapted from the Common Grant Application, National Network of Grantmakers.