

The Connecticut Mentoring Fund

Proposal Submission Cover Documents

Application Part I: Organizational Profile

Name of Organization: _____

Address: _____

Phone: _____ Website: _____

Note: The primary contact will be the person who receives communications from the office of the GPP

1. Primary Contact: _____

2. Email Address: _____

Please answer the following questions:

A. Where is your program located? If you have more than one location, please list each location, the point of contact, and their contact information.

Program location(s): _____

Contact(s): _____

B. Has your organization ever received funding from the Governor's Prevention Partnership?

Yes No *If yes, please enter the amount below*

A. Amount _____ Source _____ Fiscal Year _____

B. Amount _____ Source _____ Fiscal Year _____

C. Amount _____ Source _____ Fiscal Year _____

1. What are the youth ages in your program(s)?

2. How many years have your mentoring programs or organization been in operation?

3. How many youths will be mentored in 2024 because of this grant?

Name of proposed project: _____

Number of youth (s) to be served by proposed project: _____

Please select one option below:

Option A: Individual program project that will address implementing or expanding one or more specific mentoring program operational standards and enhancements as described in the *Elements of Effective Practice for Mentoring*.

Option B: Individual program projects will address implementing/expanding on program training, curricular tools, and resources to ensure their staff and mentors receive training in diversity, equity, and inclusion to support positive relationships with mentees, their families, and communities in addition to incorporating social-emotional learning practices within their mentor training efforts.

Please attach narratives addressing the two (2) points listed below:

1. Proposed Project Description

- Develop a two-page narrative describing your project and implementation efforts.

2. Action Plan

- Develop an action plan with steps and milestones to achieve the desired outcomes proposed in the project for which you request funding.

Please read the statement below and sign and print your name where indicated.

By signing below, I acknowledge that I have completely read and fully understand the guidelines set forth by The Governor's Prevention Partnership. I certify that the information provided in this application and the attached documents are true and correct as of the date set forth beside my signature on this application. I also acknowledge that any intentional or negligent misrepresentation of the information contained in this application, or the attached documents may result in the denial of the application.

Printed Name of CEO/Executive Director

Signature:

Date:

Please submit pages 3-6 of the application along as the narrative, action plan and budget