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Program Proposal & Application

Proposed Name of the Program (*subject to PHRCD approval*): _____

Proposed Program Manager (*May not be a contributor*): _____

Address: _____ City/State/Zip: _____

Daytime Phone: _____ Cell: _____ Fax: _____

Email: _____ Social Security Number: _____ Birth Date: _____

Referred by (*if applicable*): _____

Address: _____ City/State/Zip: _____

Daytime Phone: _____ Email Address: _____

Signature: _____ Legal Agreement Attached

PHRCD Program Proposal

(Please complete the following and include the additional items on separate pieces of paper as necessary. Hand-written applications will not be accepted. Please initial at the bottom of each page to indicate that you have read and understood each item on the page.)

1) The **DESCRIPTION** of your program. Please include in the full description the **MISSION** statement for your proposed program. This is a short, 3-5 line statement that will be used on your acceptance certificate.

2) Define the **NEED** you propose to address with your program. Evaluate the needs of your geographic area with respect to your objectives. You should have both short-term and long-term objectives. Evaluate similar projects and services in your market area to differentiate your program.

3) Outline the **STRUCTURE** of the proposed program. How do you intend to operate this program with regard to volunteers, office space, partnerships with other non-profits, etc.? Also include what **RESOURCES** you may need to accomplish your charitable goals.

4) The **FUNDRAISING ACTIVITIES** you will use to achieve those objectives. What are the major fundraising activities and/or other development methods that you plan to perform?

5) What are the **EXPECTED OUTCOMES** of your proposed project within the first year of operation? Include the goals that you plan to accomplish.

6) List the names, addresses, phone numbers, and a brief resume and affiliations of at least **A THREE-PERSON ADVISORY COMMITTEE** and/or the people you propose to approach to become members of the advisory committee. Please include a brief summary of their qualifications to advise you. If asked by PHRCDC, each person named must be able to attest to the importance of this project and your suitability as a leader.

7) Include separately the **RESUMES** of the Program Manager and all key people who will be involved in the project.

Statement of Understanding

I submit the following proposal for your review and consideration for approval. I certify that I have read and will comply with the **Legal Agreement** attached. I understand that it may take **up to six weeks for PHRCD to review this program application**, and that \$100 of the application fee is non-refundable.

Additionally, if necessary for the proposed program parameters, I hereby authorize PHRCD or an agent of PHRCD to conduct a background check in connection with my application as a Program Manager.

Signature: _____

Printed Name: _____ Date: _____

Application Fee: \$385 (This fee is not tax-deductible as a charitable gift. \$100 of the application fee is non-refundable.) Please send completed form and signed Legal Agreement to the address on the front of this form.

Attach a **Check** payable to "Prairie Hills RCD" or use a **Credit Card**.

Card Type: Visa Discover MasterCard American Express

Credit Card #: _____ **Exp:** _____ **3 Digit Code** _____

Name on Card: _____

Billing Address: _____

City, State, Zip: _____

To be completed by PHRCD Staff Only:

Date Received: _____ **Approved By:** _____ **Approval Date:** _____