



DEADLINE: Application must be postmarked or delivered by September 15, 2005. Handwritten applications will not be accepted.

2006 NEXT GENERATION GRANT APPLICATION

Reducing Infant Mortality in Delaware

ORGANIZATION INFORMATION:

Organization Name: _____

Address: _____ **City, State, Zip:** _____

Federal Employer Identification Number: _____

Contact Person: _____ **Title:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Total Program Budget: _____ **Amount Requested:** _____

Provide a brief history of the organization, including mission & major programs:

State the organization's annual operating budget:

Describe constituency and number of persons your organization serves annually:

Service area for the infant mortality prevention program:

- | | |
|--|--|
| <input type="checkbox"/> Kent County | <input type="checkbox"/> Sussex County |
| <input type="checkbox"/> New Castle County | <input type="checkbox"/> Statewide |

Organizations applying for grants from the Next Generation must use this form and limit their responses to the space provided. This provides a concise, standardized way for the Grants Committee to compare all applicants. *No other forms will be accepted. Submit only the requested attachments.*

PROGRAM INFORMATION:

1. Briefly describe the infant mortality program to be funded, its objectives, strategies, curriculum and anticipated benefit to the community.

2. Is your program new? If not, when was it established?

3. Indicate the location of the program and the hours of operation.

4. List staff members who will be implementing the program, including their titles and professional training.

5. Define the target population your program is intended to reach. (Include number and ages of people and geographic area.)

6. How will you attract and retain participants?

7. Do you expect to collaborate with other organizations? If so, provide details.

8. How will you evaluate the success of your program?

9. How will Next Generation funds be used?

