**FY 2024-25 Building Opportunities for Out-of-School-Time (BOOST)**

**PROPOSAL NARRATIVE TEMPLATE – BOOST APPLICANTS**

|  |
| --- |
| **Instructions: Applicants seeking BOOST funding are required to complete and upload a Proposal Narrative as part of their online SurveyMonkey request form submission in order to be considered for funding.** This template provides the necessary elements that must be included in an applicant’s BOOST Grants Proposal Narrative. All sections are required. Submitted Proposal Narratives must be no more than 15-pages in length in total (12-point font, double-spaced, 1-inch margins). If needed, applicants can submit additional attachments and supporting content to complement their proposal. Note: The Budget Tables & Narrative will not count against the 15-page total; however, applicants should limit this information to no more than 3-pages (not including any Budget Tables). *(Applicants are strongly encouraged to follow the format and page limits as this may impact your application score.)*  The attachment must be submitted in either PDF or Word (DOC/DOCX) file formats using the designated section of the online SurveyMonkey request form. You may copy and paste the questions to use your own document format or you can download this template to build your Proposal Narrative using this format. **Please SAVE THIS DOCUMENT TO YOUR COMPUTER prior to uploading into SurveyMonkey.** If your organization does not use Microsoft or Adobe software, applicants are encouraged to use Google Docs (or similar platforms) then export into a PDF or Word format for upload.  **Please Note:** As you work on completing this template, please ensure you are as detailed as possible in your responses as best you can given the page limit. The goal is to provide a comprehensive project plan as well as address requirements and any relevant priority criteria identified in the written funding announcement. |

1. **Organization Background.** In this section, please provide the following:
   * A brief overview of your organization’s current programming and services, including its history working within the communities where proposed programming would take place, and any program-related outcomes and impacts achieved to date.
   * Describe your organization’s experience, current staffing, community support, and capabilities related to out-of-school time (OST) programming, including the current afterschool and OST programs offered by your organization.
   * Provide information about your organization’s experience managing similar programs and grant-funded projects.
   * Describe how your organization engages with parents/families, schools, and other community stakeholders.
   * If utilizing a fiscal sponsor to apply for funds, describe your relationship (e.g., how long you have partnered, experience working together, etc.).

Click or tap here to enter text.

1. **Community Need.** In this section, please provide the following:
   * The specific geographic area(s)/location(s) where proposed OST programming will take place.
   * Identify specific school entities and/or community-based organizations where proposed OST programming will occur.
   * Describe how your organization reaches or will reach at-risk youth in this specific community.
   * Clearly define the proposed program’s target population(s), including age range(s) and demographics, including any special populations (e.g., low-income, students with a disability, etc.).
   * Describe how your program fills a gap or need in your identified service area. Please include whether or not this was identified by youth, families, and local stakeholders through surveys, needs assessment, etc. This section should present data and evidence that demonstrate the need for afterschool and OST services in your community and may include statistics on academic performance, socioeconomic status, crime rates, etc.

Click or tap here to enter text.

1. **Program Description.** In this section, please provide the following:
   * What is the overall goal of your proposed project? What do you hope to accomplish by the end of the grant project?
   * List any project partners and describe their role in the project and how their role will enhance the program.
   * Describe the activities and services that will be provided, including the schedule, curriculum, and any partnerships with local schools, businesses, or community organizations.
   * Highlight any innovative approaches or evidence-based practices that will be incorporated into the program, including any specific models or approaches that will be utilized.
   * Detail the qualifications and roles of key staff members, including any training or professional development that will be provided to ensure program quality.
   * Information about program operations and logistics, including:
     1. Proposed start date and end date of program (must be within the project period dates)
     2. Days per week programming will be offered
     3. Anticipated staff-to-student ratio
     4. What does a regular programming day look like?
     5. On a typical day, how many youth do you anticipate serving?
   * Describe how you will track, measure, and/or demonstrate outcomes and impact. What key performance indicators will be tracked (e.g., student attendance, academic improvement, behavioral changes, etc.)? What tools and methods will your organization/partners use to collect and analyze this data?

Click or tap here to enter text.

1. **Need for Funding & Priority Consideration.** In this section, please provide the following:
   * Describe how your program/activities align with BOOST funding goals, including whether your proposal aligns with any funding priorities identified in the written funding announcement (page 3).
   * Describe why grant funding is necessary to support the proposed project activities. This should provide detail on whether the program is ‘new’ or an enhancement or expansion of an existing program.
   * Are there other sources of funding for this program? If yes, please explain.
     1. What percentage of the total program budget does this grant request represent?
     2. How does this funding not overlap with other funding sources for proposed programming?

Click or tap here to enter text.

**STATEWIDE APPLICANTS ONLY:**

1. **Statewide.** In this section, please provide the following:

* How the proposed subrecipients included in your proposal were identified and selected, including whether they meet any funding priority considerations identified in the BOOST solicitation.
* How you will determine funding allocation across program sites.
* How you will ensure sub-awardees are meeting the purposes/requirements of the grant.
* How you will track program implementation progress and outcomes across sites, including the specific tools/methods you will use to collect the data/compile reporting for all sub-awardees.

Click or tap here to enter text.

**TEMPLATE - BUDGET TABLES & NARRATIVE**

***(Budget Tables & Narrative Page Limit: 3 pages or less per entity – applicant and any subrecipients)***

|  |
| --- |
| **Instructions for Budget Estimates.** Please input your ‘best estimate’ costs by budget category, year, and total. Please provide a separate table per project partner (for example, if you are planning to use grant funds to support a partner organization, you will need to build a budget table for your organization as well as one for the partner organization describing the types of expenses that grant money would support). To add a new table, click anywhere in the table. Once you do, you will see the table selection symbol and can copy and paste the table.  The page limit is for each Budget Table(s) and related descriptions/justifications. The ‘Grant Total’ dollar amount should equal the total budget request in the SurveyMonkey form. If including project partner(s) as proposed subrecipients, the total of all agencies’ budgets cannot exceed the total budget request maximum for the BOOST Track you are applying under.  This budget document must be filled out completely and accurately. Applicants are strongly encouraged to double check all entries. A brief description of what is included in the expenses by category is required. These expenses must be clearly justified on how they relate to the project. In your description, please also demonstrate how the amount of grant funds requested is commensurate with the scope of the proposal. |

**BUDGET TABLE – [Organization Name]**

**Project Dates:** Click or tap to enter a date. **to** Click or tap to enter a date.

|  |  |  |  |
| --- | --- | --- | --- |
| **By Category** | **Year 1** | **Year 2** | **Total** |
| **Personnel** | **$0** | **$0** | **$0** |
| **Employee Benefits** | **$0** | **$0** | **$0** |
| **Travel (Including Training)** | **$0** | **$0** | **$0** |
| **Equipment** | **$0** | **$0** | **$0** |
| **Supplies & Operating Expenses** | **$0** | **$0** | **$0** |
| **Consultants** | **$0** | **$0** | **$0** |
| **Other** | **$0** | **$0** |  |
| **Total** | **$0** | **$0** | **Grant Total**  **$0\*** |

**Proposed Budget Descriptions:** *Applicants should provide detailed descriptions of the activities, personnel, or expenses that make up the estimated costs included in the Budget Table above.*

* Personnel: Click or tap here to enter text.
* Employee Benefits: Click or tap here to enter text.
* Travel (Including Training): Click or tap here to enter text.
* Equipment: Click or tap here to enter text.
* Supplies & Operating Expenses: Click or tap here to enter text.
* Consultants: Click or tap here to enter text.
* Other: Click or tap here to enter text.

**Please Note:** The budget table and narrative are scored; expenses in this section should align with the activities described above.