

# Afghan Friends Network



## Project Proposal Application

EDUCATION  
EDUCATION

February 28, 2008

# PROJECT PROPOSAL APPLICATION

## I. Project Information

Project Title \_\_\_\_\_

Project Director

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

District/Province Name \_\_\_\_\_

Name of School/Training Center \_\_\_\_\_

Describe your student/Trainee population

Number of students in project school(s): \_\_\_\_\_

Number of students involved in project: \_\_\_\_\_

School Schedule: \_\_\_\_\_ Day Schedule

\_\_\_\_\_ Day Schedule

Grade levels in project school(s) \_\_\_\_\_

## II. Project Description

### **PROJECT DESCRIPTION**

1. Why does your community needs this project?
2. What do you plan to do?
3. Describe the target student population:
4. Describe all personnel involved in your project:
5. Describe community participation in your project
6. List the Standards and specific benchmarks you will address. (You may use standards and benchmarks from AFN Strategic Plan. You may use a separate sheet if needed.)

## II. Project Description (continued)

7. Where will you base the project?
8. Describe your present facilities and equipment that will be used to support your project.  
(Safety, Security and Transportation plans)
9. When will you conduct project activities?
- Before School    During School    After School    Other\_\_\_\_\_
10. Who will be involved in the administration of the project?
11. How will this project be sustained beyond the funding period? (What is your project 5-yr funding plan?)

### III. Project Strategies/Activities

How will you attain these objectives?

**Objective 1:** \_\_\_\_\_

Strategies/Activities	Who will do it?	By When

**Objective 2:** \_\_\_\_\_

Strategies/Activities	Who will do it?	By When

### III. Project Strategies/Activities (continued)

#### Objective 3:

Strategies/Activities	Who will do it?	By When

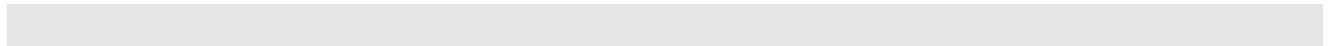
#### **IV. Project Partners**

What other agencies/NGOs in your community will assist you with your project?

Who will be your business partner(s)? Government Agencies, Other NGOs, Local Agencies, Sister City Committees and etc.

#### **V. Additional Information**

Add any other information about your project that is not included elsewhere in this proposal.



## VI. Project Budget

How will you spend your money?

Budget Summary:

Name of Account	Budget Amount
Personnel/Salaries	
Space Costs/Rent	
Supplies & Equipment	
Communication & Travel	

Budget Narrative: (Breakdown each category above to explain how you arrived at the budget amount. You may use a separate sheet if needed.)

## **VII. Evaluation**

1. How will you know that you have met your objectives? (Pre-post tests)
2. Student report card comparison. Did the grades improve? (Explain how you'll do this.)
3. Attendance improve? Behavior referrals decrease? (Explain how you'll do this.)
4. Process evaluation - (Numbers attending meetings, numbers participating in project, agendas, rosters, etc.)
5. Others to be determined by project director and staff.

## Signature Page

**Project Title** \_\_\_\_\_

Project Director/Coordinator \_\_\_\_\_  
(Name) Signature

Province Director of Education \_\_\_\_\_  
(Name) Signature

Principal \_\_\_\_\_  
(Name) Signature

AFN Director \_\_\_\_\_  
(Name) Signature

<b><u>For AFN use only:</u></b>	<b>Y</b>	<b>N</b>
Project consistent with AFN Strategic Plan	<input type="checkbox"/>	<input type="checkbox"/>
Funding sources identified	<input type="checkbox"/>	<input type="checkbox"/>
Recommended for approval	<input type="checkbox"/>	<input type="checkbox"/>