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# Program Proposal & Application

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Proposed Name of the Program (*subject to PHRCDD approval*): \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Referred by (*if applicable*): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

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## PHRCDD Fiscal Sponsor 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 PHRCD, 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.

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# 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: \$100** (This fee is non- refundable.) Please send the completed form and a **Check** to “Prairie Hills RCD” 321 W. University Dr Maomb IL 61455.

To be completed by PHRCD Staff Only:

Date Received:\_\_\_\_\_Approved By:\_\_\_\_\_Approval Date: \_\_\_\_\_