



HARLEM CHILDREN'S ZONE, INC
Practitioners Institute Application Form
35 East 125th Street, New York, NY 10035
Telephone: (212) 360-3255

1. **Organizational Information: (please circle one)** **Domestic** **International**

- a) **Organization Name:** _____
Address _____
City: _____ Province/State: _____ Postal/Zip Code: _____
Country: _____
Contact Person: _____ Phone: _____ Email: _____
- b) Please select your organization type:
___ Community Based Organization ___ Government Representative
___ Local Education Institution ___ Foundation or other funding source
___ Other

2. **Background Information**

- a) Please describe the neighborhood/community you currently serve/intend to serve? (size, economic status, density, etc.)

- b) What is your organization/community's strength(s)? _____

- c) How many years has your organization been in existence? _____
- d) What is the budget size of your organization? _____
- e) What are your primary funding sources (% Private and/or % Public)? _____
- f) How many employees? _____

3. **Harlem Children's Zone, Inc. Model Sharing**

- a) Which model sharing experience are you interested in?
___ 1-Hour Information Only (Overview of HCZ, does not include program visit – available for 1-2 people)
___ 3-Hour Visit (Presentations with possible visit to 1 Program - available for groups of 6-12 people for \$3,000)
___ 1-Day Workshop (Presentations & Program Visits - available for groups of 6-12 people for \$6,000)
___ **(Domestic Only)** 2-Day Workshop (Presentations & Program Visits - available for groups of 6-12 people for \$8,000)
___ **(Domestic Only)** 3-Day Workshop (Presentations & Program Visits - available for groups of 6-12 people for \$10,000)
- b) What element(s) of the Harlem Children's Zone Model most interest you and why?

- c) How did you hear about the Harlem Children's Zone, Inc.?
___ 60 Minutes ___ CNN ___ New York Times ___ US News & World Report ___ Other
- d) Are you affiliated with any federal initiative (i.e., Promise Neighborhood, Choice Neighborhood, NRI, etc)?
If yes, please list: _____

Please email your completed application form to Rasuli Lewis or Julia Beltre at
practitionersinstitute@hcz.org or fax at (212) 289-0661