



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 Janet-Marie Lopez at puser@hcz.org or fax at (212) 289-0661



HARLEM CHILDREN'S ZONE, INC
Practitioners Institute Application Form
35 East 125th Street, New York, NY 10035
Telephone: (212) 360-3222

Please describe the neighborhood/community you currently serve/intend to serve?

Why is the organization coming on a visit?

Briefly, describe the organization(s) that will participate in the visit to HCZ.

What is organization/community's strength(s)?

Please list the name and organization/affiliation(s) for each participant.

	Name	Job Title and Organization/ Affiliation(s)
1		
2		
3		
4		
5		
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10		
11		
12		

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