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| **Organization Name:**  |  |
| **Address:** |  |
|  |  |
| **CONTACT PERSON:** | *<Name and Title>* |
| **PHONE (WORK):** |  |
| **PHONE (CELL):** |  |
| **E-MAIL:** |  |

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| Harlem Children’s Zone, Inc. Model Sharing: Which model Sharing experienceare you interested in? (*Contact practitioners Institute Team for additional* *information*) |

**VIRTUAL OFFERINGS (COST WILL VARY)**

|  |  |
| --- | --- |
| * 30-Minute
 | **Q&A** (No presentation or Overview) |
| * 1-Hour
 | **Information Session** (HCZ Overview, History and Culture) No fee. |
| * 2-Hour
 | **Program Presentations** (Overview and 1-2 Specific Areas of Interest) |
| * 4-Hour
 | **Program Presentations** (Overview, 2-4 Specific Areas of Interest, Deep Dive Q&A) |
| * Gold Star 4-Hour
 | **General Opening the Vault**(Project activities, planning, and scheduling with breakout sessions) |

**VISIT OFFERINGS**

|  |  |
| --- | --- |
| * 1-Hour
 | **Information Session** (HCZ Overview, History and Culture. No visit to programs.) No fee. Conversation only  |
| * 3-Hour Site Visit
 | **(For groups of 6-12 people only) $3,000.** Program Presentations with option to visit program(s) |
| * 1-Day Workshop
 | **(For groups of 6-12 people only) $6,000.** Program Presentations with site visits |
| * 2-Day Workshop
 | **(For groups of 6-12 people only) $8,000.** Program Presentations with site visits |
| * 3-Day Workshop
 | **(For groups of 6-12 people only) $10,000.** Program Presentations with site visits |

 | **Organizational Information:*****Please check one:**** Domestic (U.S.A.)
* International

***Please select your organization type:**** Community-Based Organization
* Local Education Institution
* Government Representative
* Foundation or other funding sources
* Other (please list)
 |

** PRACTITIONERS INSTITUTE**

 **INQUIRY FORM**

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|  | Name  | Job Title and Organization/Affiliation(s) | E-Mail Address |
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| 12 |  |  |  |
| For physical visits, please list any food allergies or physical challenges participants may have:  |

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| **Note**: P*lease fill out the information for each participant and the organization background information below (especially if a collaboration of organizations is requesting to come for a visit).* |

|  |
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| **Organization Background Information** |
| **Please describe the neighborhood/community you currently serve/intend to serve? (size, economic status, density, etc.)** | <Please type your response here> |
| **What is your organization/community’s strength(s)?** | <Please type your response here> |
| **Why is the organization coming on a visit?** | <Please type your response here> |
| **Briefly describe the organization(s) that will participate in the visit to the Harlem Children’s Zone.** | <Please type your response here> |
| **How many years has your organization been in existence?**  | <Please type your response here> |
| **What is the budget size of your organization?** | <Please type your response here> |
| **What are your primary funding sources (% Private and/or Public)?** | <Please type your response here> |
| **How many employees (Full-time and part-time)?** | <Please type your response here> |
| **What element(s) of the Harlem Children’s Zone model most interest you, and why?** | <Please type your response here> |
| **How did you hear about the Harlem Children’s Zone, Inc? (60 Minutes, Ted Talks, New York Times, etc.)?** | <Please type your response here>  |
| **Are you affiliated with any federal initiative (i.e., Promise Neighborhood, Choice Neighborhood, NRI, etc.)?**  | <Please type your response here> |

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**Please e-mail your completed application to**

 **Harlem Children’s Zone’s Practitioners Institute:**

**puser@hcz.org or fax at (212) 289-0661**

**If you have any questions, please call (212) 360-3274**