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| |  |  | | --- | --- | | **Organization Name:** |  | | **Address:** |  | | |  |  | | | **CONTACT PERSON:** | *<Name and Title>* | | | **PHONE (WORK):** |  | | | **PHONE (CELL):** |  | | | **E-MAIL:** |  | |  |  | | --- | | Harlem Children’s Zone, Inc. Model Sharing: Which model Sharing experience  are 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) |

**A close up of a logo

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**INQUIRY FORM**

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| |  |  |  |  | | --- | --- | --- | --- | |  | Name | Job Title and Organization/Affiliation(s) | E-Mail Address | | 1 |  |  |  | | 2 |  |  |  | | 3 |  |  |  | | 4 |  |  |  | | 5 |  |  |  | | 6 |  |  |  | | 7 |  |  |  | | 8 |  |  |  | | 9 |  |  |  | | 10 |  |  |  | | 11 |  |  |  | | 12 |  |  |  | | For physical visits, please list any food allergies or physical challenges participants may have: | | | |  |  | | --- | | **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).* |  |  |  | | --- | --- | | **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> | |

**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**