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| Harlem Children’s Zone, Inc.  G:\Harlem Children's Zone\HCZ Logos\electronicLOGO\Logo Small.jpg  Practitioners Institute Application Form | | | |
| |  |  | | --- | --- | | 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? Please highlight or circle your choice. ***(Contact Practitioners Institute Team for additional information)***   |  |  | | --- | --- | | 1-Hour | Information Session (no visit to program)Conversation only ***(Can be in person, phone call or web-based Zoom session)*** | | 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 source * Other (please list) |
| ***On the following pages, please fill out the information for each participant and the organization background information (especially if a collaboration of organizations is requesting to come for a visit).*** | | | |
|  | Name | Job Title and Organization/Affiliation(s) | E-Mail Address |
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| **Please list and food allergies or physical challenges participants may have:** | | | |

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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> |

**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**