

## LANGDON PALMER MEMORIAL INTERNSHIP PROGRAM

2021

### PROPOSAL CONTENTS

Proposals must be submitted c/o The Alliance for Morris County Parks, PO Box 1295, 300 Mendham Road, Morristown, NJ, 07962-1295, on the letterhead of the sponsoring organization with the following (submissions may also be sent electronically to [dlanza@morrisparks.net](mailto:dlanza@morrisparks.net)):

- Application Cover Page
- A description of the organization, its geographic coverage, and a letter authorizing the submission of the application
- A copy of your 501c3 designation, and a membership list of the Board of Trustees
- If your organization is a unit of government or an educational institution, submit a letter authorizing the submission of the application and a list of members of the governing body.
- Name, title, address, phone number, and email address of the Project Administrator
- Name, title, address, phone number and email address of the Contact Person, if different from above
- Description of Project:
  - Proposals should include the Executive summary sheet followed by a more detailed project description summary (no longer than three pages) which describes the project, the intern's responsibilities, and how it enhances Don's legacy in conservation. The summary sheet should be no more than one page and include the following –
    - The value of the project to your organization
    - The constituents or program served
    - The educational experience the intern will encounter
  - As part of the detailed description, please include the following –
    - How and if the project will continue after the internship
    - Time frames and key objective dates
    - Benefits to be gained and for whom
    - Plans for evaluation
    - Funding for the future (if applicable)
- Summary Statement from most recent audited financial statement or 990
- Project Budget
- Two letters of support

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### CRITERIA

Proposals will be reviewed and judged by the Don Palmer Memorial Internship Committee. We will try to review and announce funding allocations by late May. All decisions by the Committee are final.

Proposals will be judged according to the following criteria:

- a. Demonstrate how the project will further the legacy of Don Palmer
- b. Demonstrate that the project is measurable and achievable within the specified time frame and budget
- c. Clear indication of the extent to which the project and sponsoring agency can provide a meaningful learning experience for the intern (provide necessary supervision and organizational support).
- d. Quality of job assignment and project responsibilities

Any questions concerning this proposal may be addressed to Denise Lanza, Executive Director of the Alliance for Morris County Parks, PO Box 1295, Morristown, NJ, 07962-1295, or at 973-326-7615, or [dlanza@morrisparks.net](mailto:dlanza@morrisparks.net).

All proposals must be submitted by May 3, at 4:30 pm in order to be considered by the Alliance for Morris County Parks. Electronic submissions may be sent to [dlanza@morrisparks.net](mailto:dlanza@morrisparks.net)

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**COVER PAGE**

Sponsoring Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Amount of Grant: \$2500.00

Organization Mission:

\_\_\_\_\_

Description of Project:

Title of Project: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Schedule:

Start Date: \_\_\_\_\_ Key Mid Point: \_\_\_\_\_

Completion: \_\_\_\_\_

Enclosures:

- Cover Page
- Project Budget
- Executive Summary
- Detailed Project Summary
- Organization description, Geographic focus, Authorization letter
- List of Board of Trustees or Governing body
- Most Recent Financial Statement - Summary
- 501c3 Certification
- Two letters of support for project
- Signature Sheet

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**SIGNATURE SHEET**

I certify to the best of my knowledge and belief, the information in this application is true and accurate. I further understand that submission of this application implies prior review and representation therein by my organization's board or appropriate governing body. I also understand and agree with the goals, parameters, and terms of the Langdon Palmer Memorial Internship Program.

Authorizing Official's Signature\* \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Authorizing Signature of the Board\* \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

\*Two different names/signatures are required for submission of the grant application: one staff and one board or other official. Two staff signatures are not acceptable.