



Appendix B

Proposal Forms

Letter of Intent Requirements

Contact Page

Application Abstract (Narrative)

Proposal Annual Work Plan and Performance Indicators w/Instructions

Sample Community College Letter of Support

LETTER OF INTENT REQUIREMENTS COMMUNITY-BASED ONLINE LEARNING (CBOL) GRANT

Due: Monday, February 16, 2009

**Extended Deadline for Northern Sacramento Valley, Central Sierra and Southern Border Regions:
March 23, 2009**

A letter of intent is required for all organizations that will submit a proposal. Please note that all organizations that submit a letter of intent may submit a full proposal, an invitation to apply is not required.

When submitting your letter, please include the following:

- Letter should be on the letterhead of the submitting community-based organization
- Project title
- Brief project description (not to exceed 100 words)
- Contact Information for CVC Inquiries and Alternate point of contact
- Name of the California region of the submitting organization (see attached)
- Connection Speed requested (see below)

Connection	Transmission data rate
DS-1 (Tier 1)	1.544 Mbit/s
E-1 (Tier 2)	2.048 Mbit/s
DS-3 (Tier 3)	44.736 Mbit/s
OC-3	155.52 Mbit/s

Please submit letters of intent by email or U.S. Mail to:

Adrienne Tackley
Project Manager
Email: atackley@cenic.org
Address: 1415 L Street, Suite 870, Sacramento, CA 95814
Phone (916) 440-8800

Butte Glenn Community College District

Organization: _____

Region: _____

RFP Number: 08-001

CONTACT PAGE

TO BE COMPLETED BY DISTRICT	
MOU No.:	08-001
Proposal ID No.:	_____
Funding Status:	_____
Fiscal Year:	_____

Funding Source(s): _____

Project Title: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Executive Director (or authorized Designee)	
Name: _____	Title: _____
Signature: _____	Date: _____
Phone: () _____	Fax: () _____ E-Mail Address: _____
Project Director	
Name: _____	Title: _____
Signature: _____	Date: _____
Phone: () _____	Fax: () _____ E-Mail Address: _____
Business Manager	
Name: _____	Title: _____
Signature: _____	Date: _____
Phone: () _____	Fax: () _____ E-Mail Address: _____
Proposal Writer	
Name: _____	Title: _____
Signature: _____	Date: _____
Phone: () _____	Fax: () _____ E-Mail Address: _____

Appendix B – Proposal Forms

Proposal Abstract (Narrative):

Butte Glenn Community College District

Organization: _____

Region: _____

RFP Number: _____ 08-001

ANNUAL WORK PLAN (ONE OBJECTIVE PER PAGE)

Objective	Procedures/Activities	Performance Outcomes	Timelines	Responsible Person(s)

Instructions for Completing the Annual Work Plan and Performance Indicators

The Annual Work Plan and Performance Indicators is a layout form designed to graphically display five critical areas of a project work plan. The five components of this form are:

- Objectives (use one Work Plan form per objective)
- Procedures/Activities
- Performance Outcomes
- Timelines
- Responsible Person(s)

Objectives

Write each objective in this column. These program objectives identify the major milestones of the project and what has to be done in order to make the project a success. State objectives in performance terms in a clear and concise manner.

Procedures/Activities

List each major procedure/activity associated with an objective and what has to be done to accomplish the objective. Ideally this column should contain between four to seven (4-7) activities. Write activities in a decimal format. The whole number should refer to the number of the objective, the number behind the decimal point should refer to the number of the activity (i.e., Activity 2.3 refers to the third activity in objective number two). Identify and write activities in chronological sequence.

Performance/Outcomes

Based on your evaluation design, list each expected outcome anticipated to be the end result of your stated activities. Also note how these outcomes will be used to determine the success or failure of your objectives and stated activities.

Timelines

Identify the start date and the ending date for each activity listed. *Example: 7/1/09-8/31/09.*

Responsible Person(s)

Identify by position, the personnel responsible for the completion of each activity listed.

**Community-Based Online Learning Grant
DRAFT LETTER OF SUPPORT FROM A CALIFORNIA COMMUNITY COLLEGE**

(California Community College Letterhead)

(date)

Adrienne Tackley
Project Manager
Community-Based Online Learning
Request for Proposals
c/o CENIC
1415 L Street, Suite 870
Sacramento, CA, 95814

Dear Mrs. Tackley,

I'm writing on behalf of *(add the name of the CA Community College)* to express our support for the proposal entitled *(add the name of the proposal)* being submitted by *(add the name of the community-based organization)* to the California Virtual Campus.

Provide a brief description of the project, including the specific contributions that will be made by the community college, and how this partnership will increase the capacity of each organization to improve the quality of life for low-income communities.

We look forward to the opportunity to support this important project.

Sincerely,

(add name, title, and contact information)