

English for New Bostonians Request

for Proposals # 2

Letter of Intent to Apply

All eligible programs intending to submit a proposal should complete and return this form. **We encourage prospective applicants to return the letter by November 2, 2001.**

Please note that the letter of intent is a requirement for eligibility.

Please complete the information requested below:

Organization_____

Address_____

Executive Director_____

ProposalContactPerson &Title_____

TelephoneNumber_____ Fax Number_____

Email_____

English for New Bostonians (ENB)

Phone: (617) 720-0181

Boston Adult Literacy Fund

Fax: (617) 720-0253

3 School Street

Email: ktofuri@balf.net

Boston, MA 02108

Contact: Kerline Tofuri

Please check the appropriate slots and sign this document certifying your eligibility for this RFP. THIS SIGNED DOCUMENT MUST ACCOMPANY LETTERS OF INTENT AND BE RETURNED TO THE BALF OFFICE NO LATER THAN NOV. 2, 2001, 5 PM.

I hereby certify on behalf of our organization that we:	True	False
1. Are not currently funded with any Massachusetts Department of Education or City of Boston educational funding.	_____	_____
2. Are, a 501C3 organization, have an application for 501C3 status pending, or have a fiscal conduit partner for this grant with 501 C3 status or status pending.	_____	_____
3. Are a Boston-based program that will site these services in Boston.	_____	_____
4. Guarantee that our program serves primarily Boston residents, and that 75% or more of the learners funded by this ENB grant reside in Boston.	_____	_____
5. Serve low-income adults and have free or low-cost classes. (specify any student fees under program information form)	_____	_____
6. Have a governing body.	_____	_____
7. Will keep records of participant educational progress and success, and report on this information as required.	_____	_____
8. Will keep financial records according to standard accounting practices.	_____	_____
9. Prior to ENB funding, have an ESOL program budget of \$100,000 or less.	_____	_____

Print Name _____

Signature _____

Organization _____