

MidAtlantic Grants Conference 2018 Presentation Proposal

Please complete the following form and submit it via email by **February 28, 2018** to Dianna Pell at dianna@diannapellconsulting.com. **Please adhere to word count limits in your response.**

Presentation title:	
Presenter Contact Information	
First Name	
Last Name	
Position/Title	
Organization	
Street Address	
City, State Zip	
Phone	
Fax	
Email	
Co-Presenter Information, if applicable	
First Name	
Last Name	
Position/Title	
Organization	
Street Address	
City, State Zip	
Phone	
Fax	
Email	
About the Presenter(s) – <i>Biographical Sketch</i>	
<p>Biographical Sketch (50 to 100 words) <i>Please provide a biographical sketch for each presenter – totaling up to 100 words together.</i> <i>If your proposal is chosen, this will appear in the conference program.</i></p>	

About the Presenter(s) – Previous Speaking Experience and References	
Have you and/or your co-presenter given presentations at other conferences?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Which conference(s)? _____ _____ _____
About the Presentation	
Presentation Abstract (75 word maximum). <i>If your proposal is chosen, this abstract will appear in the conference program. This is your opportunity to sell your presentation to conference registrants.</i>	
Skill Tracks Which skill tracks does your presentation address? Check all that apply. Please see Appendix A before checking boxes.	<input type="checkbox"/> Proposal Development – Planning <input type="checkbox"/> Communication Skills <input type="checkbox"/> Resource Knowledge/Grant Research <input type="checkbox"/> Grant Construction <input type="checkbox"/> Professional Ethics <input type="checkbox"/> Professional Development <input type="checkbox"/> Grant Management & Reporting <input type="checkbox"/> Other (please describe): _____
Skill Levels This workshop is appropriate to grants professionals as which skill level(s). Check all that apply.	<input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Other (please describe): _____
This workshop would apply to these Interest	<input type="checkbox"/> My presentation is relevant to all areas, or My presentation is most relevant to this/these interest area(s):

<p><i>Areas: Select all that apply</i></p>	<input type="checkbox"/> Advocacy <input type="checkbox"/> Arts & Culture <input type="checkbox"/> Health & Social Svc <input type="checkbox"/> Higher Education	<input type="checkbox"/> K-12 Education <input type="checkbox"/> Justice, Safety <input type="checkbox"/> Municipal Services <input type="checkbox"/> Other: _____
<p>Length of Presentation</p>	<p>In-session time: <input type="checkbox"/> 1.25 hours</p>	
<p>Equipment Requirements</p>	<input type="checkbox"/> LCD Projector <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Flip chart and markers <input type="checkbox"/> Other: _____ Can you provide your own equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	