



NEIGHBORHOOD
CONNECTIONS

Non Profit Capacity Building Boot Camp Application

Application Deadline: Wednesday, October 10, 2017, 5:00 PM at Neighborhood Connections

Organizations applying for the Non Profit Capacity Building Boot Camp can either be a 501 c 3, contemplating 501 c 3 status or organizations with fiscal agents.

Organization Name _____

Address _____ City, State, Zip _____

Telephone _____ Fax _____ E-mail _____

Applicant #1 Name (Staff representative) _____

Applicant #2 Name (Staff / Board representative) _____

Applicant #3 Name (Board representative) _____

Is your organization a 501-c-3? _____ When did you become a 501-c-3? _____

If your organization is not a 501-c-3, who is your fiscal agent? _____

What is the size of your budget? _____ What is the size of your Board? _____

Please list date(s) you have received Neighborhood Connections grant(s): _____

What is the mission statement of your organization? _____

Do you have a paid staff? If so, describe: _____

Have you participated in other Neighborhood Connections technical assistance programs? Yes ____ No ____

If yes, when and where and did you find it beneficial to you and your organization?

Please rank the following topics in order of importance to your organization with one (1) being most important and five (5) being least important. Additionally, briefly describe your organization's needs for each topic.

Ranking

_____ Building and engaging your Board _____

_____ Becoming a 501 c 3 organization _____

_____ Tools to manage and measure your programs and services _____

_____ Fundraising basics _____

_____ Effective planning for your organization _____

Briefly discuss your organizations goals over the next three (3) years and why you feel participating in the Non Profit Capacity Building Boot Camp would be beneficial to achieving those goals?

I have read the cover letter and program overview I received with this application and understand the commitments for participation in the Non Profit Capacity Building Boot Camp including attending at least five of the six sessions. I am aware that the six session dates/times are: **October 19, November 16** and dates to be determined from January to May 2018 from 6:00 – 9:00 PM. (Please note there will be NO session in December and February).

Applicant #1: Name _____ Signature _____ Date _____

Applicant #2: Name _____ Signature _____ Date _____

Applicant #3: Name _____ Signature _____ Date _____

* Please note that an organization is required to have two and may have three representatives agreeing to participate in order to be considered for selection.