

APPLICATION FOR
THE CITY OF HAMMOND SCF 2009
CAPACITY BUILDING PROGRAM

Communicate your interest to participate by reviewing the application form & duly filling it out.

Once completed, please email to: cohscf@aol.com

Or submit to:

SCF Applications
Aegis Systems
321 Buckthorn Circle
Covington, La 70433

REQUESTED ATTACHMENTS

- 1. Letter of Commitment – signed by Chairperson of the Board (see attached)**
- 2. A current roster of Board of Directors & Advisory Committee**
- 3. Please attach one of the following, to document agency status. A copy of:**
 - a. IRS Letter of 501(c)3 status, or**
 - b. State Tax Exempt Certification, or**
 - c. State Articles of Incorporation as a nonprofit, or**
 - d. Letter of impending tax-exempt status**
- 4. Copy of your organization's most recently filed Form 990**

ALL APPLICATIONS SHOULD BE FULLY COMPLETED & SUBMITTED BY JANUARY 31, 2010.

NOTE: THIS PROGRAM CAN ONLY SERVICE 30 AGENCIES, THEREFORE ONCE THE FIRST 30 QUALIFY, NO MORE CAN BE ACCEPTED!

SECTION I AGENCY OVERVIEW

| | | |
|---|-------|----------|
| 1. Organization Name | | |
| 2. Address | | |
| 3. Phone | Fax | |
| 4. Web site | Email | |
| 5. Executive Director of Organization | | |
| 6. Contact for this application (name & title) | | |
| 7. Contact phone | Email | |
| 8. Organizational Mission Statement | | |
| 9. Total number of paid staff | | |
| 10. Total number of volunteers | | |
| EXECUTIVE DIRECTOR/CHIEF EXECUTIVE: | | |
| 11. Past experience in this position | | |
| 12. Length of tenure in this organization | | |
| 13. Number of Board members | | |
| 14. Number of open Board seats | | |
| 15. Frequency of Board meetings | | |
| 16. Date agency began operations | | |
| 17. DOES YOUR ORGANIZATION HAVE: | | |
| i. An IRS letter confirming nonprofit status? | Yes | No |
| ii. Proof of Corporation from the Louisiana Secretary of State? | Yes | No |
| iii. Are you in process of acquiring your tax status? | Yes | No |
| 18. DOES YOUR ORGANIZATION HAVE: | | |
| a. A Strategic plan? | Yes | No |
| b. A fund raising plan? | Yes | No |
| c. A board policy or reference manual? | Yes | No |
| 19. Total current fiscal year end budget: \$ | | |
| 20. Total operating budget: 2008: \$ | | 2009: \$ |
| 21. Amount of federal funding received in the current year: \$ | | |

SECTION II AGENCY PROGRAMS

1. PRIORITY SERVICE AREAS

Please check all of the areas in which you currently provide services

| | |
|--|--|
| Homeless | |
| Elders in need | |
| Substance Abuse | |
| Ex-offender reentry & children of incarcerate family members | |
| Welfare to work families | |
| At-risk youth | |
| Mental Health | |
| Other (<i>please specify</i>) | |
| | |
| | |
| | |

2. NEEDS ASSESSMENT OF YOUR TARGET POPULATION

Briefly list / describe the needs of the target population served by your organization & programs:

3. COMMUNITY SERVICE AREA (*geographically*)

Please list the geographic areas served by your programs (including Parishes)

7. Please check which of the following best describes the way faith is expressed in your agency's programs / services:

| Check here | Type of faith-based | Definition |
|-------------------|--|---|
| | FAITH INSPIRED PROGRAM / SERVICES | <i>Secular services are hosted by a faith entity. No religious activities or faith content are involved in the actual delivery of the programs/services, even though services may be delivered by persons of faith, & the organization claims faith as a motivation or heritage in its mission or background.</i> |
| | FAITH-OPTIONAL PROGRAMS / SERVICES | <i>Faith is neither a prerequisite nor a mandatory element of these programs/services, but faith plays an integral role in the lives of staff & volunteers. The programs/services offer some optional religious activities.</i> |
| | FAITH-SATURATED PROGRAMS / SERVICES | <i>Faith is a mandatory element of programs/services; participants must express faith or participate in religious activities to receive related programs/services.</i> |
| | NO FAITH ELEMENTS ARE INCLUDED IN PROGRAMS/ SERVICES | <i>Secular organization with no faith-based ties.</i> |

SECTION III AGENCY READINESS TO RECEIVE CAPACITY-BUILDING SERVICES

1. Please state any current or planned capacity-building activities for your organization in 2010; &
2. Explain how you will ensure that these efforts will complement the proposed capacity-building activities of the SCF Capacity-building Program

| CURRENT / PLANNED CAPACITY BUILDING ACTIVITIES | HOW ACTIVITY WILL ALIGN WITH SCF PROGRAM ACTIVITIES |
|---|--|
| | |
| | |
| | |
| | |
| | |

1. AGENCY NEED FOR CAPACITY BUILDING

Self-assessment in 5 critical areas of capacity

Has the organization completed an agency assessment in the last 18 months?

YES

NO

If yes, please note key recommendations here.

2. SKILLS TO BE DEVELOPED

Consider your agency's strengths & challenges in the following 5 areas of organizational capacity.

Under each of the 5 critical areas, please check the specific capacities which are most needed as skills to be further developed to increase your agency's effectiveness & sustainability

| PRIMARY AREA | SPECIFIC CAPACITIES | CHECK HERE |
|----------------------------|--|------------|
| LEADERSHIP DEVELOPMENT | Understanding the nature of nonprofit business | |
| | Delegation | |
| | Role of the Chief Executive | |
| | Management Leadership Skills Development for Executive Staff | |
| | Executive succession planning | |
| | Engage an executive coach | |
| | Other: | |
| BOARD LEADERSHIP | Board Composition & Selection Criteria | |
| | Board Function | |
| | Board Policies | |
| | Board Succession Planning | |
| | Board Roles & Responsibilities | |
| | Fiduciary Stewardship | |
| | Bylaws | |
| | Board & Staff Relationship/Distinctions | |
| | Individual Board Member Responsibilities | |
| | Board Accountability | |
| | Board Meetings | |
| | Committees – structure, functions | |
| Other: | | |
| ORGANIZATIONAL DEVELOPMENT | Clarifying mission, vision, values | |
| | Staff performance review process | |
| | Fiscal management process | |
| | Job descriptions | |
| | Resources inventory – staff performance reviews | |
| | Strategic Planning | |
| | Fiscal Accountability – finances & accounting policies / processes | |
| Other: | | |
| | | |

| PRIMARY AREA | SPECIFIC CAPACITIES | CHECK HERE |
|--|---|------------|
| PROGRAM DEVELOPMENT | Research & develop new programs/services | |
| | Program logic model development – theory of change | |
| | Analyze outcome data – <i>evaluate effectiveness of current services</i> | |
| | Collect information related to service recipient outcomes | |
| | Collect information related to service recipient satisfaction | |
| Outcome measurement plan | Systems to keep information related to client needs, referral sources & services provided | |
| | Systems to keep records on service recipient satisfaction &/or service recipient outcomes | |
| | Increase the effectiveness of existing services | |
| | Increase number of clients served | |
| | Increase number of scope of services | |
| | Expand current services to new areas | |
| | Reach an un/under-served population in geographic area | |
| | Other: | |
| COLLABORATION & COMMUNITY ENGAGEMENT DEVELOPMENT | Community Asset Mapping – inventory of community assets | |
| | Community Needs Assessment - to ensure services match community needs | |
| | Community Outreach | |
| | Establishing Collaborative Relationships | |
| | Other: | |
| | Developing a Brand – organizational identity | |
| | Marketing Communications & Plans | |
| | Media & Public Relations | |
| | Making Presentations in the Community | |
| | Public Participation Efforts | |
| | Assess effectiveness of existing collaborative efforts | |
| | Develop new strategic co-operations/partnerships | |
| | Establish partnership agreements | |
| | Make presentations to community groups | |
| | Other: | |
| | | |

| PRIMARY AREA | SPECIFIC CAPACITIES | CHECK HERE |
|--|--|------------|
| REVENUE DEVELOPMENT STRATEGIES | Diversified fund development strategies | |
| | Grant writing | |
| | Donor Development Strategies | |
| | Prospect Research | |
| | Other: | |
| EVALUATION OF ORGANIZATIONAL EFFECTIVENESS | Implement systems to keep information related to client needs, referral sources, & services provided | |
| | Implement systems to keep records on service recipient satisfaction &/or service recipient outcomes | |
| | Collect information related to service recipient outcomes | |
| | Collect information related to service recipient satisfaction | |
| <p>OVERALL, WHAT ARE THE ORGANIZATION'S GREATEST STRENGTHS, & ITS MOST PRESSING CHALLENGES, INCLUDING, BUT NOT LIMITED TO THE ABOVE SELF-ASSESSMENT?</p> | | |

LETTER OF COMMITMENT

Name of Agency: _____

As a nonprofit agency operating to serve the area of Hammond, La, we attest to the following:

Our registration as a nonprofit operating in the State of Louisiana is in good standing as indicated in the attached application.

With this application submission for the City of Hammond- SCF 2009 Capacity-Building Program, we understand & agree that our demonstrated commitment to growth & excellence warrants that we make the time & effort commitment to:

- ⊙ To attend & participate in all training sessions & coaching meetings;
- ⊙ To ensure that 2 appropriate persons attend workshops – i.e., board chair & chief executive/executive director;
- ⊙ To complete the baseline assessment & post-term assessments as needed;
- ⊙ To complete training/coaching assignments as required;
- ⊙ To participate in coaching & modeling efforts;
- ⊙ To submit all surveys/reports/materials as required in a timely & professional manner.

At any point during the interim of the program, should we prefer to depart from the program, we will complete an exit survey.

Signed:

Date:

Name:

(Board Chairperson)