**UC Berkeley Extension**

**Professional Program in Fundraising and Volunteer Management**

**For Solano County Nonprofits**

**Request for Applications 2017-01**

**APPLICATION FORM**

**Due: Wednesday, August 9, 2017, 5pm**

**Nonprofit Agency Information:**

|  |
| --- |
| Agency Name: |
| Executive Director: |
| Mailing Address: |
| Do you currently hold a contract with:    First 5 Solano Solano County Health & Social Services Neither |
| What type of services does your agency provide? How does your agency benefit children and families in Solano County? |
| What were your agency’s revenue sources for FY2016/17? Please list source and amount. |
| Briefly (no more than half page) describe your agency’s current fundraising and volunteer activities, including:   1. The current resources (funding, positions, Board participation, etc) your agency has dedicated to fundraising 2. Your current fundraising activities and development goals 3. The role of volunteers in your agency. |

**Attendee Information*:***

|  |  |
| --- | --- |
| 1. Staff Person Attendee (up to 1)   *Mandatory* | 1. Board Member Attendee (up to 1)   *Optional* |
| Name: | Name: |
| Position: | Position: |
| Email: | Email: |
| Phone Number: | Phone Number: |
| I will able to attend all four dates, complete coursework between classes, complete a project on behalf of the agency, and provide follow up information as requested until June 30, 2018.   * Yes * No. If no, please describe the limitation: | I will be able to attend all four dates, complete coursework between classes, complete a project on behalf of the agency, and provide follow up information as requested until June 30, 2018.   * Yes * No. If no, please describe the limitation: |
| Staff Person Signature/Date: | Board Member Signature/Date: |
| If the person attending is not the Executive Director, as the Executive Director, I agree to fully support the course participant, including meeting with the participant as needed during the course, allowing the participant availability to attend the four Friday all‑day sessions, working with the participant to determine what product will be developed on behalf of our agency, allowing time at work for the participant to develop the product, and completing course related assignments. | |
| Executive Director Signature/Date: | |

**Application Questions**

To assist us in understanding which agencies are best positioned to benefit from participation in the program, please have the primary participant (in coordination with the Executive Director, if the Executive Director is not the participant) answer the following questions (no more than 2 pages total for the 4 questions below, Arial 12-point font, 1 inch margins):

1. Describe what you hope to gain from participating in the UC Berkeley’s Professional Program in Fundraising and Volunteer Management. How will this program enhance your professional goals? How will the program further the agency’s fundraising and volunteer goals?
2. This program will be time-intensive and require agency change to implement the strategies, including potential changes to infrastructure and policy direction. Please describe how you intend to share the information at the agency level and your agency’s ability to respond to the new information and make lasting changes.
3. What are your current strengths and those areas that you feel need improvement in fundraising and volunteer management? What are your current barriers to success?
4. Why should you and your agency be selected to participate in this program?