**Solano Vision & Impact Cohort Program**

**Nonprofit Capacity Building**

**For Solano County Nonprofits**

**Request for Applications 2019-03**

**APPLICATION FORM**

**Due: Wednesday, July 24, 2019, 5pm**

**Nonprofit Agency Information:**

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| Agency Name: |
| Executive Director: |
| Mailing Address: |
| Do you currently hold a contract with:    First 5 Solano Solano County Health & Social Services Both |
| What type of services does your agency provide? How does your agency benefit children and families in Solano County? |

**Attendee Information*:***

|  |  |  |
| --- | --- | --- |
| 1. Staff Person Attendee   *Mandatory* | 1. Board Member Attendee   *Mandatory* | 1. 2nd Staff Person Attendee   *Optional* |
| Name: | Name: | Name: |
| Position: | Position: | Position: |
| Email: | Email: | Email: |
| Phone Number: | Phone Number: | Phone Number: |
| I will able to attend all three dates, complete coursework between classes, and provide follow up information as requested until June 30, 2020.   * Yes * No. If no, please describe the limitation: | I will able to attend all three dates, complete coursework between classes, and provide follow up information as requested until June 30, 2020.   * Yes * No. If no, please describe the limitation: | I will able to attend all three dates, complete coursework between classes, and provide follow up information as requested until June 30, 2020.   * Yes * No. If no, please describe the limitation: |
| Staff Person  Signature/Date: | Board Member Signature/Date: | Staff Person  Signature/Date: |
| If the staff 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 three all‑day sessions, and allowing time at work for the participant to complete course related assignments. | | |
| Executive Director Signature/Date: | | |

**Application Questions**

To assist Learning for Action (LFA) 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. Leadership and staff capacity to engage in the initiative – In LFA’s experience, organizations get out of capacity-building initiatives what they put in, and it’s important to have a champion in a leadership position to ensure each organization’s success. How does this initiative fit into leadership’s vision for the organization over the next 2-3 years? |
| Answer 1: |
| 1. This program will 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. |
| Answer 2: |
| 1. What are your current strengths and those areas that you feel need improvement in strategic planning and visioning? What are your current barriers to success? |
| Answer 3: |
| 1. Why should you and your agency be selected to participate in this program? |
| Answer 4: |