

FOR REFERENCE ONLY:
All Applications must be submitted online

Black-Led Organizations Initiative Accelerator Application

All applications are due by 5:00 p.m. on Wednesday, January 31, 2018.

Questions? Email us at eastbaycommunityfoundation@walkeraac.com by 5:00 p.m. on Monday, January 22, 2018.

* Required

I. Applicant/Primary Contact

1. Primary Contact's Name: *

2. Primary Contact's Title: *

3. Primary Contact's Email Address: *

4. Primary Contact's Phone Number: *

II. Organization Profile

5. Name of Organization: *

6. Tax ID Number: *

7. Year Established: *

8. **Street Address:** *

9. **City:** *

10. **Zip Code:** *

11. **County:** *

Mark only one oval.

- Alameda County
- Contra Costa County
- San Francisco County
- San Mateo County

12. **Core Neighborhood/Community Served:** *

13. **All Geographies Served:** *

14. **Approximately what percentage of your clients and/or constituents is Black?** *

Mark only one oval.

- Less than 10%
- 10 to 24%
- 25 to 49%
- 50 to 74%
- 75% or more

15. **What is/are the primary age range(s) of your clients and/or constituents? Select all that apply.** *

Check all that apply.

- 0 to 5
- 6 to 18
- 19 to 24
- 25 to 55
- 55+

16. **Number of Full-Time Staff:** *

17. **Number of Part-Time Staff:** *

18. **Organization's Mission:** *

19. **Organization's Vision:** *

20. **Briefly (in 500 characters or less) summarize your Organization's Values:** *

21. Programs or Services: Describe (in 1,000 characters or less) your organization's primary programs and/or services highlighting who these programs and services benefit and how. *

22. Strategy: Provide a brief (500 characters or less) outline/overview of your organization's top strategic priorities over the next 3 years? *

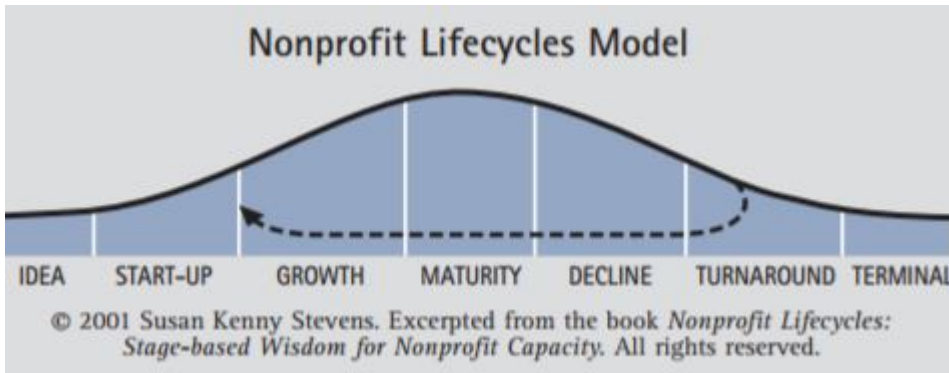
23. Evaluation: When was the last time you've undertaken a formal learning and evaluation effort to understand the impact of your work? *

Mark only one oval.

- Never
- 1 to 3 Years Ago
- Over 3 Years Ago

24. Provide a brief (500 characters or less) description of your organization's current system and staffing for collecting, analyzing, and reporting data on both program performance and community-level outcomes. *

25. **Organization Lifecycle: Using the Nonprofit Lifecycles Model, briefly (in 500 characters or less) explain which stage best describes the current state of your organization and why. ***



III. Organization Financials

26. **What is your annual operating budget? ***

27. **What is the total amount of unrestricted general operating support your organization has generated and/or received in the last fiscal year? ***

28. **List your organization's top 5 funders including the amount received by each source in 2017. If your organization has less than 5 funders, provide a full list of your donors. ***

29. Provide the time period covered and date issued of your organization's most recent financial audit and briefly (in 500 characters or less) summarize the key findings, including any issues that were raised. *

30. What was your 2017 total revenue? *

31. What were your 2017 total expenses? *

32. What do you project for 2018 revenue? Briefly (in 500 characters or less) describe key reasons behind any significant changes, if applicable. *

33. What do you project for 2018 expenses? Briefly (in 500 characters or less) describe key reasons behind any significant changes, if applicable. *

34. Does the organization have an endowment? *

Check all that apply.

Yes

No

35. If yes, what is the size of the organization's endowment?

IV. Leadership Profile

36. Does your organization have Black leadership at the highest staff level (i.e. ED/President/CEO)? If yes, please provide their information below: *

Check all that apply.

Yes

No

37. Name:

38. Title:

39. Email Address:

40. Phone Number:

41. Length of Tenure in that Position:

42. Provide a brief (no more than 500 characters) biography highlighting the leader's experience, areas of expertise and networks.

43. Provide the leader's brief (no more than 500 characters) reflection on what it means to be a Black leader in the nonprofit sector.

44. Does your organization have Black leadership at the highest board position (i.e. Board Chair/President)? If yes, please provide their information below: *

Check all that apply.

Yes

No

45. **Name:**

46. **Title:**

47. **Email Address:**

48. **Phone Number:**

49. **Length of Tenure in that Position:**

50. **Provide a brief (no more than 500 characters) biography highlighting the leader's experience, areas of expertise and networks.**

51. **Provide the leader's brief (no more than 500 characters) reflection on what it means to be a Black leader in the nonprofit sector.**

52. **Total Number of Board Members: ***

53. **How often does the Board meet? ***

V. Participation Commitments

This initiative will require a team of 3 representatives from your organization to participate in 5 in-person Learning Sessions as well as Organizational/Team Coaching Sessions over 6 months. Your team of 3 must include the Executive Director/CEO, should have at least 1 representative of Black staff or board

leadership and should include other members with the organizational knowledge, capacity, desire and skills to meaningfully contribute to the development of your bold idea (e.g. senior staff, board members or volunteers). This structure is designed to ensure your entire organization, not just 1 leader, benefits from this experience and that the work load and learnings are shared.

Please provide the following information for each team member that you would tap to participate in the Accelerator:

54. **Team Lead's Name:** *

55. **Team Lead's Organization:** *

56. **Team Lead's Title:** *

57. **Team Lead's Relationship to the Organization (if not a staff or board member):**

58. **Team Lead's Email Address:** *

59. **Team Lead's Phone Number:** *

60. **Team Lead's Main Benefit to the Team (in 500 characters or less; e.g. Key Areas of Expertise, Institutional Knowledge, Time/Capacity to Participate, etc.):** *

61. **Team Member 2's Name:** *

62. **Team Member 2's Organization:** *

63. **Team Member 2's Title:** *

64. **Team Member 2's Relationship to the Organization (if not a staff or board member):**

65. **Team Member 2's Email Address: ***

66. **Team Member 2's Phone Number: ***

67. **Team Member 2's Main Benefit to the Team (in 500 characters or less; e.g. Key Areas of Expertise, Institutional Knowledge, Time/Capacity to Participate, etc.): ***

68. **Team Member 3's Name: ***

69. **Team Member 3's Organization: ***

70. **Team Member 3's Title: ***

71. **Team Member 3's Relationship to the Organization (if not a staff or board member):**

72. **Team Member 3's Email Address: ***

73. **Team Member 3's Phone Number: ***

74. **Team Member 3's Main Benefit to the Team (in 500 characters or less; e.g. Key Areas of Expertise, Institutional Knowledge, Time/Capacity to Participate, etc.): ***

75. **Does your organization have the ability to designate 2 alternates to backfill any members of your core team in case of emergency or if one or more team members can no longer participate? If yes, please identify 2 people below who you would tap as Alternates if an emergency backfill/replacement was needed: ***

Check all that apply.

Yes

No

76. **Alternate 1's Name:**

77. **Alternate 1's Organization:**

78. **Alternate 1's Title:**

79. **Alternate 1's Relationship to the Organization (if not a staff or board member):**

80. **Alternate 1's Email Address:**

81. **Alternate 1's Phone Number:**

82. **Alternate 1's Main Benefit to the Team (in 500 characters or less; e.g. Key Areas of Expertise, Institutional Knowledge, Time/Capacity to Participate, etc.):**

83. Alternate 2's Name:

84. Alternate 2's Organization:

85. Alternate 2's Title:

86. Alternate 2's Relationship to the Organization
(if not a staff or board member):

87. Alternate 2's Email Address:

88. Alternate 2's Phone Number:

89. Alternate 2's Main Benefit to the Team (in 500 characters or less; e.g. Key Areas of Expertise, Institutional Knowledge, Time/Capacity to Participate, etc.):

90. We understand that full participation is required. If selected, to ensure a positive experience for our team and other participants, we commit to actively participate in: *

Check all that apply.

- All 5 in-person Learning Sessions
- Organizational/Team Coaching between in-person Learning Sessions

VI. Capacity & Fit for the Initiative

91. Briefly describe (in 500 characters or less) what benefits you've experienced or assets you see in being a Black-Led Organization. *

92. Briefly describe (in 500 characters or less) what challenges you have faced in being a Black-Led Organization. *

93. Describe (in 1,000 characters or less) what barriers or challenges, if any, you anticipate your organization will face as you implement the learning from this program. *

94. Briefly identify (in 500 characters or less) the 2-3 things you would most like to focus on or gain, specifically, from organizational or team coaching? *

95. The 6-month Accelerator will culminate in the pitch of a bold idea for investment and growth to a group of funders and/or donors. Although you will receive support to select, refine and develop your pitch, if selected to be part of the Accelerator, we'd like your early thinking on what ideas your organization has that have been lacking time or investment to execute. Describe (in 2,500 characters or less) 2 or 3 potentially bold ideas that could expand your community impact, enhance your growth and sustainability and benefit from a three-year grant to assist with development costs, ongoing technical support and/or training. Be sure to include some ballpark thinking about the potential financial need/cost to support these ideas as well as potential areas of technical assistance or training that your organization might need to ensure flawless execution. *

96. Briefly (in 1,000 characters) describe how you are willing to work in new ways to catalyze personal, organizational and community change during the Accelerator and beyond. *

97. It is our hope and expectation that each organization that is selected to be part of the Accelerator will honestly and productively share their experiences with key audiences such as the Lead Agency (East Bay Community Foundation), the Evaluation Partner (Teng & Smith), the Program Management Consultants (Walker and Associates Consulting), the Capacity Building Team, the Funders' Collaborative (the governing body of representatives of all funders who are supporting this initiative including, but not limited to, Akonadi Foundation, The California Endowment, The California Wellness Foundation, The County of Alameda, The East Bay Community Foundation, The San Francisco Foundation and Y & H Soda Foundation), your peers in the Accelerator and your peers in the larger BLO Bay Area Network. Do you anticipate any barriers to doing so? *

Check all that apply.

Yes

No

98. If yes, what barriers do you anticipate?

99. It is important for our funders and supporters to capture how their investment benefits participating organizations and the communities they serve. It is also important for evaluation to be accessible and meaningful to Accelerator participants. Briefly (in 500 characters or less) describe what ideas you have to ensure the evaluation process and reporting work well for all parties. *

100. Are you currently participating in any capacity building programs or initiatives? *

Check all that apply.

Yes

No

101. If yes, briefly (in 500 characters or less) describe what program(s), what is the scope/length of the time commitment required and how would this program complement the other(s)?

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