NSI Collaboration Exploratory Grant Application

Carrie Harlow (California Community Foundation)

Los Angeles County Service Provider Areas ("SPAs") are as follows: SPA 1- Antelope Valley, SPA 2 - San Fernando Valley, SPA 3 - San Gabriel Valley, SPA 4 - Metro L.A., SPA 5 - West L.A., SPA 6 - South L.A., SPA 7 - East L.A., SPA 8 - South Bay Please contact carrie@nsifund.org with any questions.

Applicant Organization Information

PARTNER #1 (Lead Applicant)	
Applicant Organization Street Address	
Applicant Organization City	
Applicant State	
Applicant Zip	
Applicant Organization Tax ID	
Applicant Primary Contact Person	
Applicant Contact Title	
Applicant Contact Email Address	
Applicant Contact Phone Number	
Applicant: Which nonprofit sector most closely represents your work?	\checkmark

Applicant: In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate?	
Applicant: What is your current operating expense budget?	
Applicant: How many staff do you employ (full time employee equivalent)?	\checkmark
Applicant: How many clients do you serve annually?	
How would you characterize your current that apply):	ent financial position? (Select all
We have three months of unrestricted	
reserves or more	
We have experienced surpluses in recent years	
We were able to cover organizational	
expenses this past fiscal year	
We are projecting an operating deficit	
this fiscal year	
We reported an operating deficit this	
past fiscal year	
We have experienced operating	
deficits in recent years	
If you would like, please	
share more about your	
financial position	/_
How many board members do	

you have?

Partner Organization Information

PARTNER #2

Partner #2 Organization Name Partner #2 Address Partner #2 Tax ID **Partner #2 Contact Partner #2 Contact Title Partner #2 Contact Email Partner #2 Contact Phone** Partner #2 Which nonprofit sector most closely represents your work? Partner #2 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate? Partner #2 How many staff do you employ (full time employee equivalent)? **Partner #2 How many clients** do you serve annually? Partner #2 What is your current operating expense budget?

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- deficit this fiscal year
- We have experienced operating
- deficits in recent years

If you would like, please share more about your financial position

How many board members do you have?

PARTNER #3

Partner #3 Organization Name Partner #3 Address Partner #3 Tax ID Partner #3 Contact

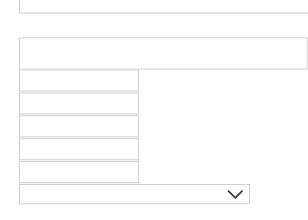
Partner #3 Contact Title Partner #3 Contact Email Partner #3 Contact Email Partner #3 Contact Phone Partner #3 Which nonprofit sector most closely represents your work? Partner #3 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate? Partner #3 How many staff do you employ (full time employee equivalent)?

Partner #3 How many clients do you serve annually?

Partner #3 What is your current operating expense budget?

Partner #3 How would you characterize your current financial position? (Select all that apply):

We have three months of unrestricted reserves or more





We have experienced surpluses in recent years
We were able to cover organizational expenses this past fiscal year
We reported an operating deficit this past fiscal year
We are projecting an operating deficit this fiscal year
We have experienced operating deficits in recent years

If you would like, please share more about your financial position

How many board members do you have?

PARTNER #4 Partner #4 Organization Name Partner #4 Address

Partner #4 Tax ID Partner #4 Contact Partner #4 Contact Title Partner #4 Contact Email Partner #4 Contact Phone Partner #4 Which nonprofit sector most closely represents your work? Partner #4 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate? Partner #4 How many staff do you employ (full time employee equivalent)?



Par	tner	#4	How	many	clients
do	you	serv	e anı	nually	?

Partner #4 What is your current operating expense budget?

Partner #4 How would you characterize	e your current financial position?
<u>(Select all that apply):</u>	
We have three months of	
unrestricted reserves or more	
We have experienced surpluses in	
recent years	
We were able to cover organizational	
expenses this past fiscal year	
We reported an operating deficit this	
past fiscal year	
We are projecting an operating	
deficit this fiscal year	
We have experienced operating	
deficits in recent years	
If you would like, please share more	
about your financial position	
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How many board members do you	
have?	
PARTNER #5	
Partner #5 Organization	
2	
Name	

Partner #5 Address

Partner #5 Tax ID Partner #5 Contact Partner #5 Contact Title Partner #5 Contact Email Partner #5 Contact Phone

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Partner #5 Which nonprofit sector most closely represents your work? Partner #5 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate? Partner #5 How many staff do you employ (full time employee equivalent)?

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Partner #5 How many clients do you serve annually?

Partner #5 What is your current operating expense budget?

Partner #5 How would you characterize your current financial position?

(Select all that apply): We have three months of unrestricted reserves or more We have experienced surpluses in recent years We were able to cover organizational expenses this past fiscal year We reported an operating deficit this past fiscal year We are projecting an operating deficit this fiscal year We have experienced operating deficits in recent years If you would like, please share more about your financial position

How many board members do you have?



PARTNER #6

Partner #6 Organization Name **Partner #6 Address** Partner #6 Tax ID **Partner #6 Contact Partner #6 Contact Title Partner #6 Contact Email Partner #6 Contact Phone Partner #6 Which nonprofit** sector most closely represents your work? **Partner #6 In which of the** Los Angeles County Service Provider Areas ("SPAs") do you primarily operate? **Partner #6 How many staff** do you employ (full time employee equivalent)?

Partner #6 How many clients do you serve annually?

Partner #6 What is your current operating expense budget?

Partner #6 How would you characteriz	e your current financial position?
(Select all that apply):	
We have three months of	
unrestricted reserves or more	
We have experienced surpluses in	
recent years	
We were able to cover organizational	
expenses this past fiscal year	
We reported an operating deficit this	
past fiscal year	
We are projecting an operating	
deficit this fiscal year	
We have experienced operating	
deficits in recent years	
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If you would like, please share more about your financial position

How many board members do you have?

PARTNER #7

Partner #7 Organization Name Partner #7 Address Partner #7 Tax ID Partner #7 Contact Partner #7 Contact Title Partner #7 Contact Email **Partner #7 Contact Phone** Partner #7 Which nonprofit sector most closely represents your work? Partner #7 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate? Partner #7 How many staff do you employ (full time employee equivalent)?

Partner #7 How many clients do you serve annually?



Partner #7 What is your current operating expense budget?

Partner #7 How would you characterize your current financial position? (Select all that apply): We have three months of unrestricted reserves or more We have experienced surpluses in recent years
We were able to cover organizational expenses this past fiscal year
We reported an operating deficit this past fiscal year
We are projecting an operating deficit this fiscal year
We have experienced operating deficits in recent years
If you would like, please share more about your financial position

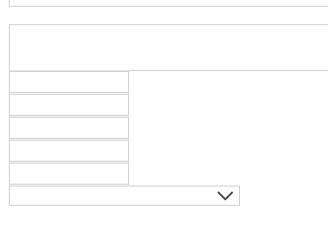
How many board members do you have?

PARTNER #8

Partner #8 Organization Name Partner #8 Address

Partner #8 Tax ID Partner #8 Contact Partner #8 Contact Title Partner #8 Contact Email Partner #8 Contact Phone Partner #8 Which nonprofit sector most closely represents your work? Partner #8 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate? Partner #8 How many staff do you employ (full time employee equivalent)?

Partner #8 How many clients do you serve annually?





Partner #8 How many clients do you serve annually?			
do you serve annuany:			
Partner #8 What is your			
current operating expense			
budget?			
Partner #8 How would you chara	cterize your cur	rent financial posi	tion?
(Select all that apply):		-	
We have three months of			
unrestricted reserves or more			
We have experienced surpluses	1		
recent years			
We were able to cover organizat	onal		
expenses this past fiscal year			
We reported an operating deficit			
past fiscal year			
We are projecting an operating deficit this fiscal year			
We have experienced operating			
deficits in recent years			
If you would like, please share n	ore		
about your financial position			
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Here we we here do not be we do not	-		
How many board members do yo have?			
PARTNER #9			
Partner #9 Organization			
Name			
Partner #9 Address			
Partner #9 Tax ID			
Partner #9 Contact			
Partner #9 Contact Title			
Partner #9 Contact Email			
Partner #9 Contact Phone			

Partner #9 Which nonprofit sector most closely represents your work? Partner #9 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate? Partner #9 How many staff do you employ (full time employee equivalent)?

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Partner #9 What is your current operating expense budget?

Partner #9 How would you characterize your current financial position? (Select all that apply):

We have three months of	
unrestricted reserves or more	
We have experienced surpluses in	
recent years	
We were able to cover organizational	
expenses this past fiscal year	
We reported an operating deficit this	
past fiscal year	
We are projecting an operating	
deficit this fiscal year	
We have experienced operating	
deficits in recent years	
If you would like, please share more	
about your financial position	
~ ~	

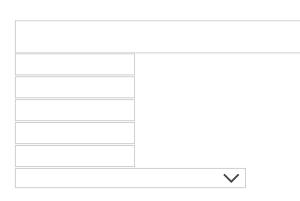
How many board members do you have?

PARTNER #10

Partner #10 Organization Name

Partner #10 Address

Partner #10 Tax ID Partner #10 Contact Partner #10 Contact Title Partner #10 Contact Email Partner #10 Contact Phone Partner #10 Which nonprofit sector most closely represents your work? Partner #10 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate? Partner #10 How many staff do you employ (full time employee equivalent)?



Partner #10 How many clients do you serve annually?

Partner #10 What is your current operating expense budget?

Partner #10 How would you characterize your current financial position? (Select all that apply):

We have three months of unrestricted reserves or more We have experienced surpluses in recent years We were able to cover organizational expenses this past fiscal year We reported an operating deficit this past fiscal year We are projecting an operating deficit this fiscal year We have experienced operating deficits in recent years If you would like, please share more about your financial position

How	many	board	members	do	you
have	?				

PARTNER #11

Partner #11 Organization Name Partner #11 Address

Partner #11 Tax ID Partner #11 Contact Partner #11 Contact Title Partner #11 Contact Email Partner #11 Contact Phone Partner #11 Which nonprofit sector most closely represents your work? Partner #11 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate? Partner #11 How many staff do you employ (full time employee equivalent)?

Partner #11 How many clients do you serve annually?

Partner #11 What is your current operating expense budget?

Partner	#11	How	would	<u>you</u>	characte	<u>rize y</u>	<u>your</u>	current	financial	position?
(Select	<u>all th</u>	at ap	<u>ply):</u>							

We have three months of unrestricted reserves or more We have experienced surpluses in recent years

We were able to cover organizational expenses this past fiscal year We reported an operating deficit this past fiscal year We are projecting an operating deficit this fiscal year We have experienced operating deficits in recent years If you would like, please share more about your financial position

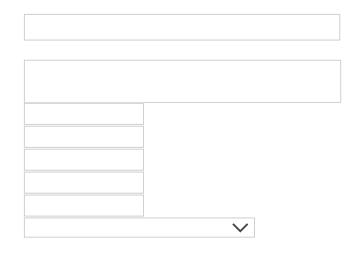
How many board members do you have?

PARTNER #12

Partner #12 Organization Name Partner #12 Address

Partner #12 Tax ID Partner #12 Contact Partner #12 Contact Title Partner #12 Contact Email Partner #12 Contact Email Partner #12 Contact Phone Partner #12 Which nonprofit sector most closely represents your work? Partner #12 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate? Partner #12 How many staff do you employ (full time employee equivalent)?

Partner #12 How many clients do you serve annually?





Partner #12 What is your current operating expense budget?

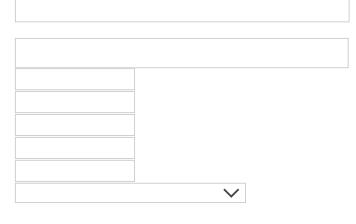
Partner #12 How would you characterize your current financial position? (Select all that apply):

We have three months of	
unrestricted reserves or more	
We have experienced surpluses in	
recent years	
We were able to cover organizational	
expenses this past fiscal year	
We reported an operating deficit this	
past fiscal year	
We are projecting an operating	
deficit this fiscal year	
We have experienced operating	
deficits in recent years	
If you would like, please share more	
about your financial position	

How many board members do you have?

PARTNER #13

Partner #13 Organization Name Partner #13 Address Partner #13 Tax ID Partner #13 Contact Partner #13 Contact Title Partner #13 Contact Email Partner #13 Contact Phone Partner #13 Which nonprofit sector most closely represents your work?



Partner #13 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate? Partner #13 How many staff do you employ (full time employee equivalent)?

Partner #13 How many clients do you serve annually?

Partner #13 What is your current operating expense budget?

Partner #13 How would you characterize your current financial position? (Select all that apply):

We have three months of	
unrestricted reserves or more	
We have experienced surpluses in	
recent years	
We were able to cover organizational	
expenses this past fiscal year	
We reported an operating deficit this	
past fiscal year	
We are projecting an operating	
deficit this fiscal year	
We have experienced operating	
deficits in recent years	
If you would like, please share more	
about your financial position	

How many board members do you have?



Narrative Questions

Type Of Strategic Partnership:

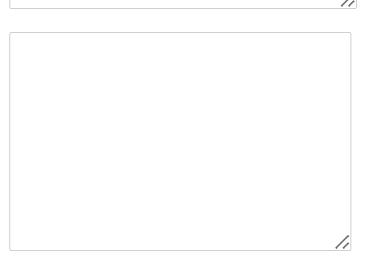
Requested Amount:



How did you learn about the NSI grant opportunity?

Additional Info on how you learned about the NSI grant opportunity?

Have the proposed partner organizations worked together before? If so, describe the experience.



What is prompting you to consider a strategic partnership at this point in time?

Partner Organization Narrative Questions

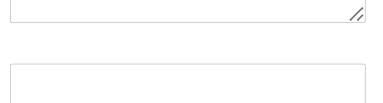
Applicant Organization: What do you hope your potential strategic partnership will accomplish?

Applicant Organization: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?

Partner #1: What do you hope your potential strategic partnership will accomplish?

Partner #1: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?

Partner #2: What do you hope your potential strategic partnership will accomplish?



Partner #2: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?

Partner #3: What do you hope your potential strategic partnership will accomplish?

Partner #3: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?

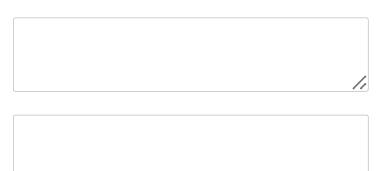
Partner #4: What do you hope your potential strategic partnership will accomplish?

Partner #4: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?

Partner #5: What do you hope your potential strategic partnership will accomplish?

Partner #5: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?





Partner #6: What do you hope your potential strategic partnership will accomplish?

Partner #6: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?

Partner #7: What do you hope your potential strategic partnership will accomplish?

Partner #7: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?

Partner #8: What do you hope your potential strategic partnership will accomplish?

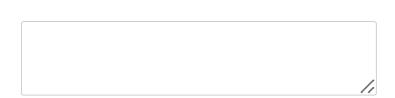
Partner #8: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?

Partner #9: What do you hope your potential strategic partnership will accomplish?



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Partner #9: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?

Partner #10: What do you hope your potential strategic partnership will accomplish?

Partner #10: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?

Partner #11: What do you hope your potential strategic partnership will accomplish?

Partner #11: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?

Partner #12: What do you hope your potential strategic partnership will accomplish?

Partner #12: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?

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Consultant Information

Name of consultant(s) or consulting firm(s) with which you will be working:

Please briefly describe the process and criteria you used to select the proposed consultant.

Attachments

Project budget (NSI template budget - please download, complete, and upload)

Copy of consultant proposal (including scope of work, project workplan/timeline, project budget)

Please upload a signed copy of the Board Resolution from each Partner

Ар	plicant	Organ	ization:	Сору
of	signed	Board	resoluti	on.

Partner #1: Copy of signed Board Resolution

Partner #2: Copy of signed Board Resolution

Partner #3: Copy of signed Board Resolution

Partner #4: Copy of signed Board Resolution

Partner #5: Copy of signed Board Resolution



Partner #6: Copy of signed Board Resolution	
Partner #7: Copy of signed Board Resolution	
Partner #8: Copy of signed Board Resolution	
Partner #9: Copy of signed Board Resolution	
Partner #10: Copy of signed Board Resolution	
Partner #11: Copy of signed Board Resolution	
Partner #12: Copy of signed Board Resolution	