

# 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](mailto: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?**

**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)?**

**Applicant: How many clients do you serve annually?**

**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 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?

**Partner #2 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

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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 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**

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- We were able to cover organizational expenses this past fiscal year**
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- 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)?**

**Partner #4 How many clients do you serve annually?**

**Partner #4 What is your current operating expense budget?**

**Partner #4 How would you characterize your current financial position? (Select all that apply):**

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- 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 #5**

**Partner #5 Organization Name**

**Partner #5 Address**

**Partner #5 Tax ID**

**Partner #5 Contact**

**Partner #5 Contact Title**

**Partner #5 Contact Email**

**Partner #5 Contact Phone**

**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)?**

**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**

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**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 characterize your current financial position? (Select all that apply):**

- We have three months of unrestricted reserves or more**
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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):**

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**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?**

**Partner #8 What is your current operating expense budget?**

**Partner #8 How would you characterize your current financial position? (Select all that apply):**

- We have three months of unrestricted reserves or more**
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- 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 #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)?**

**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**

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**We were able to cover organizational expenses this past fiscal year**

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**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):**

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- 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 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 #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 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**

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**We were able to cover organizational expenses this past fiscal year**

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**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?**

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**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?**

**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?**

## **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**

**Applicant Organization: Copy of signed Board resolution.**

**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**