

NSI Collaboration Implementation Grant Application

Carrie Harlow (California Community Foundation)

Please contact carrie@nsifund.org with any questions.

NSI Collaboration Implementation Grant Application

Partner #1 (Lead Applicant)

Organization Name	<input type="text"/>
Executive Director	<input type="text"/>
Website	<input type="text"/>

Application Contact	<input type="text"/>
Contact Title	<input type="text"/>
Contact Phone	<input type="text"/>
Contact Email	<input type="text"/>

Organization Address	<input type="text"/>
Organization City	<input type="text"/>
Organization State	<input type="text"/>
Organization Zip	<input type="text"/>

Organization Phone	<input type="text"/>
Organization Email	<input type="text"/>

Organization EIN	<input type="text"/>
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PARTNER INFORMATION

Partner #2

Partner #2 Organization Name	<input type="text"/>
Partner #2 Executive Director	<input type="text"/>
Partner #2 Website	<input type="text"/>

Partner #2 Address
Partner #2 Email
Partner #2 Phone
Partner #2 EIN

Partner #3

Partner #3 Organization Name
Partner #3 Executive Director
Partner #3 Website
Partner #3 Address
Partner #3 Email
Partner #3 Phone
Partner #3 EIN

Partner #4

Partner #4 Organization Name
Partner #4 Executive Director
Partner #4 Website
Partner #4 Address
Partner #4 Email
Partner #4 Phone
Partner #4 EIN

Partner #5

Partner #5 Organization Name
Partner #5 Executive Director
Partner #5 Website
Partner #5 Address
Partner #5 Email
Partner #5 Phone
Partner #5 EIN

Partner #6

Partner #6 Organization Name
Partner #6 Executive Director
Partner #6 Website
Partner #6 Address
Partner #6 Email

Partner #6 Phone
Partner #6 EIN

Partner #7

Partner #7 Organization Name
Partner #7 Executive Director
Partner #7 Website
Partner #7 Address
Partner #7 Email
Partner #7 Phone
Partner #7 EIN

Partner #8

Partner #8 Organization Name
Partner #8 Executive Director
Partner #8 Website
Partner #8 Address
Partner #8 Email
Partner #8 Phone
Partner #8 EIN

Partner #9

Partner #9 Organization Name
Partner #9 Executive Director
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Partner #9 Email
Partner #9 Phone
Partner #9 EIN

Partner #10

Partner #10 Organization Name
Partner #10 Executive Director
Partner #10 Website
Partner #10 Address
Partner #10 Email
Partner #10 Phone
Partner #10 EIN

Partner #11

Partner #11 Organization Name

Partner #11 Executive Director

Partner #11 Website

Partner #11 Address

Partner #11 Email

Partner #11 Phone

Partner #11 EIN

Partner #12

Partner #12 Organization Name

Partner #12 Executive Director

Partner #12 Website

Partner #12 Address

Partner #12 Email

Partner #12 Phone

Partner #12 EIN

Partner #13

Partner #13 Organization Name

Partner #13 Executive Director

Partner #13 Website

Partner #13 Address

Partner #13 Email

Partner #13 Phone

Partner #13 EIN

REQUEST INFORMATION

Request Amount

Briefly Describe the request for funding in one or two sentences.

Describe the outcomes from the exploratory process and indicate if the process was NSI-funded.

Has an agreement been reached among or between partners regarding a sustained collaboration agreement? If so, describe the agreement. If not, describe the anticipated agreement and the expected timeline for its execution.

Describe the plan for the proposed collaboration implementation work, including its timeline and anticipated costs.

Describe the involvement of the Board of Directors (of a merged organization or of the partnering individual organization) in the proposed integration work.

Describe how the costs for which funding is being sought constitutes a significant obstacle to the success of the sustained collaboration.

Explain how the funding being requested is for a one-time cost that is directly related to the organizations' ability to successfully integrate functions or implement the collaboration agreement.

Please complete the [linked budget worksheet](#) and attach.

For consulting services, attach the contract and/or scope of work.

For a transaction such as a lease, purchase agreement, severance agreement, etc.: the contract or agreement.

Additional Attachments