



Boston Capacity Tank

Application for 2008 (Year 1) Extensive Technical Assistance Services

Please type or print neatly; please submit 8 copies (including original).

Section I: Cover Page *(Please keep Cover Page to 1 page only.)*

Organization Name (Legal): _____

Applicant is (check one): Faith-based organization (FBO) ___ Community-based organization (CBO) ___
(Please refer to question 5 in Section II below if unsure.)

Main Address: _____
Street City State Zip

Phone: _____ Fax: _____ Web Site: _____

Director of Organization (Pastor, Imam, Executive Director, etc.): _____

Director Phone: _____ Director Email: _____

Contact for this Proposal (Name & Title): _____

Contact Phone: _____ Contact Email: _____

Total Number of: Paid Staff _____ Number of Volunteers (in addition to Board) _____

Number of Board Members _____ Total est. hours Board of Directors met last year _____

Number of Board meetings per year _____ Date agency began operations _____

Does organization have in writing: 1. A strategic plan? Yes / No 2. A fundraising plan? Yes / No

Summary of Capacity-Building Project described in Section III (no more than 4 lines):

Total Current Organization Budget \$ _____ Organization Fiscal Year End: _____

Has the agency received a prior grant from BMA? Please list amount(s), grant year, and purpose of grant.

Section II: Agency Overview *Please limit your response to 2 pages.*

Agency Programs.

1. Agency participants. Please briefly describe the agency's participants, including number served per year and unique characteristics.

2. Agency programs. Please list the agency's programs, summarizing briefly how they work together to accomplish the mission.

3. Impact of agency programs. How have your participants' lives changed because of their involvement in your programs? Please share participant outcomes information and/or a story illustrating the success of your youth.

4. Partnerships and Collaborations. Please list your agency's primary program partners, including public agencies, CBOs, FBOs, and volunteers. For each one, briefly describe the specific nature and scope of your collaboration.

5. For FBO agencies/programs only. If organization is an FBO, please check which of the following best describes the way faith is expressed in your agency's programs¹: (Narrative response needed only if option b. is checked.)

a. ___ Faith-linked programs: Secular services are hosted by a faith entity. No religious activities or faith content are involved in the actual delivery of the program services, even though services may be delivered by persons of faith, and the organization claims faith as a motivation or heritage in its mission or background.

b. ___ Faith-based programs: Faith is neither a prerequisite nor a mandatory element of these programs, but faith plays an integral role in the lives of staff and volunteers. The program offers some optional religious activities, which can be separated for funding purposes. (Note: If you checked option b, faith-based program, please explain how you separate the faith and secular aspects of your programming, to ensure that federal funds do not support any inherently religious programming.

Please contact the Boston Capacity Tank for assistance, and/or refer to federal regulations pertaining to the Equal Treatment

¹ Typology of Faith-based programs is paraphrased from "Philanthropy and Faith: An Introduction," published on the website of the National Crime Prevention Council, http://www.ncpc.org/cms/cms-upload/ncpc/files/phil_faith.pdf.

for Faith-Based Organizations, which includes the prohibition against Federal funding of inherently religious activities, can be found at 45 CFR 87.1, or the HHS website at <http://www.os.dhhs.gov/fbc/waisgate21.pdf>, or from the Tank.)

c. ___ Faith-filled programs: Faith is a mandatory element of program services; participants must express faith or participate in religious activities to receive related program services. If you checked this option, you may not be eligible for federal funds. Please contact the Boston Capacity Tank to discuss your application further.

Agency Readiness to Receive Capacity-Building Services.

6. Please describe a recent example of organizational change that illustrates your organization's commitment to build its capacity in one or more of the five critical capacity areas (Organizational development, Leadership development, Programs and services, Fundraising capacity, Community engagement).

7. What consultant engagements, if any, does your agency have ongoing or planned over the next 12 months? Please explain how you will ensure that these do not interfere with capacity-building activities supported by the Tank.

Section III: Description of Capacity-Building Project *Please limit your response to 2 pages.*

1. Organization Mission Statement (no more than 4 lines):

2. Agency need for capacity-building; agency self-assessment in five critical areas of capacity.

- a. Has the organization completed an agency assessment in the last 18 months? ____ Yes ____ No (If yes, please note key recommendations in your response below.)
- b. Please briefly describe your agency's strengths and challenges in the following five areas of organizational capacity. Under each of the five critical areas, please address the specific capacities which are most important for your agency's effectiveness and sustainability at this stage of growth.
- Organizational development (financial management, human resources, information technology, systems, fiscal controls, nonprofit incorporation)

 - Leadership development (Board development, staff development, volunteer development, succession planning, adapting to change)

 - Programs and services (program planning and design, program evaluation)

 - Fundraising capacity (development planning, diversifying funding sources, sustainability decisions, donor development)

 - Community engagement (cooperative relationships, needs assessment, outreach strategies, asset mapping)
- c. What is the organization's greatest strength at this time (including but not limited to the above self-assessment)?
- d. What is the organization's most pressing challenge at this time, which you would like to address with the technical assistance project described below (including but not limited to the above self-assessment)?

3. Description of capacity building activities. Please describe the specific consultant activities this grant will support and the necessary staff and Board activities your agency will commit, to help you achieve the changes described below in question 4. Please describe a project that may be completed with 20 to 40 hours of consultant activities within the 7-month grant period (3/3/08 – 9/29/08), which is also realistic for necessary staff and Board participation.

4. Organizational changes (outcomes). What changes do you expect the proposed capacity building activities will help your agency to achieve? The changes should help improve the effectiveness, efficiency, or sustainability of your agency or its programs. Please be as specific as possible, describing how you will know when the changes have happened. Please describe the specific organizational changes in each of the following categories:

- Initial outcomes resulting from grant-funded activities (new policies, plans, or procedures adopted, or new skills learned)

- Intermediate outcomes resulting from initial outcomes (what your agency does differently after the grant, and who does it)

- Long-term outcomes resulting from changed behavior (new agency status, how better positioned to achieve mission)

5. Strategic importance of project. Why is the proposed capacity-building project so important to help the organization fulfill its mission and meet its long-term goals? Please connect long-term outcome(s) above to your mission.

6. Sustainability Plan. What will your agency do to continue to ensure that these improvements continue beyond the grant period?

Submission Instructions

- For an electronic version of this application, please email Curtis Jones at cjones@bmaboston.org. Please keep font set at 12-point.
- Please submit 8 copies of the 5-page application narrative.
- Please submit 1 copy of the attachments with this page and the checklist below as a cover sheet.
- For any questions regarding the application, please contact Curtis Jones at 617-445-2737 x 14, cjones@bmaboston.org, or Deandra Robinson at 617-445-2737 x26, drobenson@bmaboston.org. We will gladly meet with you to help plan your project and/or complete the application.

Deadline: 12:00 noon on Friday, February 1, 2008 OR Friday, April 4, 2008 to:

Curtis Jones
Technical Assistance Manager
The Boston Capacity Tank, 4th floor
c/o The Black Ministerial Alliance
2326-2328R Washington Street
Roxbury, MA 02119

For hand-delivery, please press all BMA buzzers at left of elevator at side door; we will send elevator after intercom greeting.

Section IV: Attachment Checklist

Please submit one (1) copy of the following items:

- _____ 1. A brief (one-page) letter, signed by the Chair of the Board of Directors, summarizing the rationale and support for this TA request. This may serve as the cover letter for the application.
- _____ 2. The total, board-approved operating budget for the agency for current fiscal year (in your own format). Please show (on the budget or an additional page) revenue amounts awarded, requested, and amounts planned to request.
- _____ 3. The audit, review, or compilation of your financial statements for the most recent fiscal year. If you have a fiscal agent, please submit the most recent fiscal year ended financial statements for both your organization and your fiscal agent's. If you do not have an audit for the most recent fiscal year, please address the relevant exceptions:
 - Organizations not required to submit an independent audit, review, or compilation of their financial statements should submit an explanation and substitute: Either federal form 990 for the most recent tax year, or your agency's most recent fiscal year's annual income statement and balance sheet.
 - If your organization has revenues in excess of \$500,000, and the period covered by the most recent audit was more than eighteen months ago, please submit a statement explaining the reason for the delay and the status of your current outstanding audit process.
- _____ 4. Year-to-date financial statements for the current fiscal year.
- _____ 5. A current roster of the Board of Directors (or Advisory Committee, Membership, etc.)
- _____ 6. Please attach one of these if available (documentation of tax-exempt status is not required):
 - IRS letter confirming 501(c)3 status
 - Copy of agreement with a 501(c)(3) fiscal agent and copy of its IRS letter
 - If neither of the above, State tax exempt certification or State Articles of Incorporation as a non-profit.