

## Network for Strong Communities CFO Agency Partners Capacity Building Scholarship Application

**Applicant's Legal Name:** \_\_\_\_\_

Organization's Website: \_\_\_\_\_

Approximate Budget: \_\_\_\_\_

EIN #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Executive Director (or Top Executive): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Board President: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Required Attachments:

1. Financial Statements
2. Operational Budget
3. List of Board Members and Staff
4. IRS Letter of Determination (Proof of 501(c)3 status)
  - o NOTE: this is not the state sales and use tax exemption certificate. If there has been a name change, provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination.

Organization's mission statement (maximum of 250 words):

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Organization's vision: (maximum of 250 words):

Description of Population Served (maximum of 500 words):

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Description of Major Programs (maximum of 1000 words):

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Please select your organization's biggest challenges:

- Governance
- Fundraising
- Staff
- Operations
- Evaluation/Outcomes
- Diversity, Equity, and Inclusion
- Volunteer Management
- Other:
- Additional Comments:

Please provide a brief description of how capacity building services will help you overcome your organization's challenges:

**Agreement:**

***I certify to the best of my knowledge, that all information included in this application is correct. The tax exempt status of this organization is still in effect.***

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Signature, Executive Director  
(or authorizing official on behalf of organization)

Print

Date