

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: _____

Are you a Community Foundation of the Ozarks Agency Partner? Yes No

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.

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

Print

Date