



Application for Capacity Building Consulting Support

Agency Name _____

Contact Name and Title _____

Email _____

Address _____

Phone # _____ EIN _____

Focus area: ☐ Arts & Culture ☐ Education ☐ Poverty
☐ Addiction Recovery ☐ Children/Youth ☐ Health
☐ Other (specify) _____

Type of support needed:

☐ Strategic Planning ☐ Board Development
☐ Human Resources ☐ Leadership/Management Training
☐ Business Solution

Size of Agency (from line 13 of most recent 990 filing):

☐ Under \$500K ☐ \$500K-\$1M ☐ \$1M-\$10M ☐ Over \$10M

To be eligible for grant support, an organization must be certified nonprofit: 501c3?__
or if other, please describe:

Mission statement or short description of organization's purpose:

Short description of consulting need (attach additional sheet if necessary):

Please list foundation funding sources currently receiving or that you are applying for this year?

Return via email to:
Grants@OneSourceCenter.org
or mail to:
OneSource Center for Nonprofit Excellence
3610 Park 42 Drive
Cincinnati, OH 45241