

**Building Capacity for Measurement**

**Application**

Before completing this application, please carefully read the program description which outlines the purpose and approach used.

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ED Phone: \_\_\_\_\_\_\_\_\_\_\_ED Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following:**

* Briefly describe the purpose and mission of your organization, including an overview of your constituency, programs and services. Does your organization serve poor and/or disadvantaged persons (Does not affect application?)

* Briefly describe the program/project/activity for which you would like consulting assistance?

**Additional Requirements**: Successful projects require time commitments on behalf of the staff (including training, coaching, co-development of a tailored measurement system, technical assistance, problem solving.) The time commitment is anticipated to be 3-6 months of approximately 1-2 hours per week and will involve 2-4 members of the organization (staff from different levels, a board member, or lead volunteer.)

**Cost:** $225 ($200 for Supporting Partners.) One-half of the fee is due at the time of application.

**Organization Certifications:** By our signatures, we certify that the full Board and key staff of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization’s name) has reviewed the program description and agree to the time and cost requirements identified above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name, Board Chair Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name, Executive Director Signature Date

Please mail the application and check to **HandsOn NWNC, 751 West Fourth Street, Suite 200, Winston-Salem, NC 27101.** Applications can also be emailed to: kathydavis@HandsOnNWNC.org or faxed to 336-724-4467.