

NONPROFIT CAPACITY BUILDING PROGRAM APPLICATION

Organization Details

| What is the date of your 501(c)(3) or 501(c)(19) determination from the IRS? |
|---|
| Has your organization been in operation for two years or less? |
| Yes No |
| How many employees are in your organization? |
| What is your annual operating budget? |
| What percentage of your organization's revenue comes from the following sources: |
| % Government grants or contracts% Grants from foundations% Corporate contributions% Private or Individual Donations% Fundraisers% Fees for goods or services |
| Please identify any conflict of interests (family, friendships, financial, or social factors) that exist between the applicant and Gwinnett County Board of Commissioners and/or Gwinnett County Staff? |
| How many times has your organization received federal, state or local government funding in the last five years? |
| Have you received COVID-19 grant assistance in the past? If yes, please provide details. |
| Please describe any collaborative work with other local organizations. |

| Organization Capacity | | | | |
|---|--------------------|---|--|--|
| What is your organization's mission and how does it establish the long-term direction and goals that guide your nonprofit's daily operations? | | | | |
| galac your nonpromed daily operations. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| On average, how many individuals/households does your organization serve annually? | | | | |
| Year I 2023 2022 2021 | Individuals | Households | | |
| On average, how many individuals/households in Gwinnett County does your organization serve annually? | | | | |
| Year I 2023 2022 2021 | Individuals | Households | | |
| What experience does your organization have with reporting, monitoring, and record-keeping compliance requirements? | | | | |
| | | | | |
| What is the g | reatest capacity b | uilding challenge for your organization (other than funding)? | | |

| Leadership Snapshot |
|---|
| What are your strengths and weaknesses as a nonprofit leader? |
| |
| |
| |
| |
| |
| |
| |
| What is your vision for your organization three to five years from now? |
| |
| |
| |
| |
| |
| |
| How do you measure your organizational success? Does your organization have a data collection |
| system in place? |
| |
| |
| |
| |
| |
| |
| Is your organization a Black, Indigenous, and/or People of Color (BIPOC), LGBTQ+, Veterans or anothe community-led group? |
| Yes No |
| |
| |
| |
| |
| |