



**NONPROFIT CAPACITY BUILDING PROGRAM
OPERATIONAL SUPPORT REQUEST**

Organization Name: _____

Project Name: _____

What is the total amount of the request? \$_____

What Human Services Strategic Plan priority does your project fall under?

Food Security

Housing

Health and Wellbeing

Youth, Literacy, and Learning

Cross-cutting Barriers to Access

Transportation

Culturally and Linguistically Responsive Services

Other

Please define: _____

In what areas (i.e., fundraising, volunteer recruitment, board management, etc.) do you want to grow your organization's capacity?

How will the \$40,000 in operational support increase your organization's capacity to serve Gwinnett County residents and meet your mission? *Please ensure your response to this question and your data entry to the Budget Period/Categories section reflects the \$40,000 award and your intended use of funds (i.e., Salaries & Wages, Professional Services, etc.).*

Who within your organization do you plan to have participate in the six learning modules and how will you ensure that your organization fully participates in all offerings?

What measurable impact will this award have on your organization?

What makes your organization the agency most in need for the NCB Operational Support program offerings?