



MANAGEMENT ASSISTANCE GRANT APPLICATION

Date: _____

ORGANIZATION INFORMATION

Federal Tax ID _____

Organization Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Title _____

Telephone _____ Fax _____

Website _____

Primary Geographic Area Served by Organization? ____ City of Pittsburgh ____ Allegheny County ____ Both

Who referred you to The Forbes Funds? Foundation ____ Nonprofit ____ Internet ____ Other ____

Please provide name _____

EXECUTIVE DIRECTOR INFORMATION & SIGNATURE

Name _____ Title _____

Telephone _____ Fax _____

E-mail _____

Signature (*required*) _____

If requested by The Forbes Funds, would your agency be willing to complete the Criteria for Management Excellence organizational assessment tool. Yes No [Criteria for Management Excellence](#)

BOARD CHAIR INFORMATION & SIGNATURE

Name _____ Title _____

Telephone _____ Fax _____

E-mail _____

Signature (*required*) _____

FINANCIAL INFORMATION

Annual Operating Budget \$ _____ Fiscal Year Starting Month _____

Number of Employees (Full Time) _____ (Part Time) _____

PROPOSAL INFORMATION

Project Name _____

Which grantmaking area of The Forbes Funds is your request for? (select only one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Financial Model Development | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> HR Management | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Collaboration | <input type="checkbox"/> Information Technology Planning | <input type="checkbox"/> Program Restructure/Elimination |
| <input type="checkbox"/> Communications/Marketing | <input type="checkbox"/> Managing Change & Growth | <input type="checkbox"/> Social Enterprise Planning |
| <input type="checkbox"/> Development Plan | <input type="checkbox"/> Market Research | <input type="checkbox"/> Stabilization Plan |
| <input type="checkbox"/> Dissolution | <input type="checkbox"/> Merger | <input type="checkbox"/> Strategic Alliance |
| <input type="checkbox"/> Emergency Funding | <input type="checkbox"/> Needs Assessment | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Operating Model Assessment | <input type="checkbox"/> Succession Planning |
| <input type="checkbox"/> Feasibility Study | <input type="checkbox"/> Organization Assessment | <input type="checkbox"/> Sustainability Plan |
| <input type="checkbox"/> Financial Analysis | <input type="checkbox"/> Policy/Procedure Review | <input type="checkbox"/> Turnaround Management |
| <input type="checkbox"/> Other (if not listed, please call 412-394-4271 to determine fit) | | |

Please explain purpose of grant in your own words (*one sentence*) _____

Total Project Cost \$_____ Amount Requested _____

Amount Matched from Other Sources _____ General Project Timeline _____

Please indicate which of The Forbes Funds programs listed below your organization has participated in:

- | | |
|--|--|
| <input type="checkbox"/> GPNP Member | <input type="checkbox"/> Cohort Grant Participant |
| <input type="checkbox"/> Finance Matters Series | <input type="checkbox"/> Nonprofit Summit |
| <input type="checkbox"/> Tropman Research Conference | <input type="checkbox"/> Innovation/Collaboration Events |
| <input type="checkbox"/> Executive Leadership Trainings | <input type="checkbox"/> Forbes Funds Community Convenings |
| <input type="checkbox"/> Other Forbes Funds Activities (please list) _____ | |

What obstacles do you envision may occur during the project?

- | | |
|--|---|
| <input type="checkbox"/> Board Resistance/Engagement | <input type="checkbox"/> Agency Buy-in |
| <input type="checkbox"/> Cash Flow Challenges | <input type="checkbox"/> Resources to Implement |
| <input type="checkbox"/> Time Constraints | <input type="checkbox"/> Staff Turnover |
| <input type="checkbox"/> Other (please state) _____ | |

PLEASE ANSWER THE FOLLOWING QUESTIONS AND ATTACH THEM TO THIS APPLICATION

1. Please state your organization's mission and briefly describe your organization's programs.
2. How did you become aware of the management or organizational issue you hope to address?
3. What is driving the management or organizational issue?
4. Has your organization undertaken this specific type of capacity building project before? If yes, when and what was the outcome? Were there any impediments to success of implementation?
5. What has been the board's involvement in the issue to date?
6. Please provide an explanation of why you want to undertake your project at this time.
7. In the short term (1-3 years), how do you see this project enhancing the effectiveness of your organization?
8. In the long term (3-5 years), how do you see this project enhancing the effectiveness of your organization?
9. How might we mitigate potential obstacles faced during the project?

PLEASE SUBMIT THIS APPLICATION IN ADDITION TO THE FOLLOWING ITEMS:

- ✓ A copy of organization's IRS determination letter
- ✓ A copy of organization's most recent financial audit, including management letter
- ✓ A copy of organization's year-to-date financial statements (balance sheet, income statement)
- ✓ A copy of P&L for past two fiscal years
- ✓ A copy of organization's 12-month cash flow projection
- ✓ A list of organization's board of directors