



SUSTAINABLE STRATEGY PROGRAM

PREPARING AIDS SERVICE ORGANIZATIONS FOR THE FUTURE

I. APPLICANT INFORMATION

Organization

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Web Site Address: _____

Year of Incorporation: _____

Is your organization a 501(C)3 non-profit? YES NO

What is the mission statement of your organization?

What is the projected total revenue of the organization’s 2014 fiscal year budget?

\$ _____

What are the projected total expenses of the organization’s 2014 fiscal year budget?

\$ _____

Total Number Full-Time Staff: _____ Total Number Part-Time Staff: _____

Total Number of Board Members: _____

Total Number of Unduplicated Clients Served Annually: _____

II. TEAM MEMBER SUMMARY

The Sustainable Strategy Program requires participation of three members of the organization’s leadership team. These individuals include the President/CEO or Executive Director, Chief Finance Officer, and Program Director. Please provide the names and contact information for the name of your organization’s three representatives below.

Team Member One (Primary Contact):

Name: _____
Title: _____
Phone Number: _____ Email Address: _____

Team Member Two:

Name: _____
Title: _____
Phone Number: _____ Email Address: _____

Team Member Three:

Name: _____
Title: _____
Phone Number: _____ Email Address: _____

III. STATEMENT OF INTEREST

Attach a typed narrative addressing, in order, each of the following items. Please limit response to each item to no more than 500 words.

1. Describe why you are interested in having your organization participate in the Sustainable Strategy Program.
2. Describe what challenges your organization is currently experiencing that you hope your participation will help you to address.
3. Describe your organization’s primary goals in your current strategic plan. If your organization does not have a strategic plan, state your primary goals for the next 3-5 years.
4. Provide brief biographies for each of the three members of your proposed team.

IV. FINANCIAL SUMMARY

- ✓ Please attach copies of your three most recent 990’s.
- ✓ If available, please also attach a copy of your organization’s most recent annual report.

V. CAPACITY ASSESSMENT

- ✓ Complete the Agency Capacity Assessment tool found at:

http://www.svpseattle.org/news-events/reports-research-and-tools-1/reports-research-and-tools/organization-capacity-assessment-tool/at_download/file

- ✓ Attach the summary table and chart.

VI. BOARD ACKNOWLEDGEMENT FORM

Please have the President or Chair of the organization's Board of Directors sign below as an acknowledgement that you are submitting an application to the Sustainable Strategy Program.

The signature also indicates that a board representative will attend your organization's final presentation at the *Great to Go* course on Friday, November 22, 2013 from 9:00 am – 5:00 pm.

Signature

Date

Printed Name

Board Title

PHONE NUMBER

VII. SIGNATURE PAGE

By signing the following, I commit myself and/or the organization to the following:

- ✓ I commit to attending each of the four courses.
- ✓ Organizations must provide a nonrefundable payment of \$350, once selected.
- ✓ Organizations must commit to completing assignments in-between courses.
- ✓ Organizations must have a board representative attend his/her organization's final presentation on November 22, 2013.

Signature – Team Member One

Date

Printed Name

Title

Signature – Team Member Two

Date

Printed Name

Title

Signature – Team Member Three

Date

Printed Name

Title