

APPLICATION FOR MINISTRY FUNDAMENTALS PROGRAM

ORGANIZATIONAL PROFILE

Which of the following do you represent?

- thinking about starting a non-profit
- a start-up non-profit
- operating but want to do better
- thriving but want to enhance

Organization Name: _____ Fed EIN: _____ Year Founded: _____
 Postal Address: _____ City: _____ State: _____ Zip: _____
 Organization Type: _____ Website: _____
 Facebook link: _____ Instagram: _____ Twitter: _____
 Executive Director: _____ Email: _____ Phone: _____
 Board Chair: _____ Email: _____ Phone: _____
 Program Director: _____ Email: _____ Phone: _____
 Primary Contact: _____ Email: _____ Phone: _____

Do you currently or do you intend to operate as a faith-based organization?

- No Yes - Denomination: _____

Is your organization affiliated with a local church or national organization?

- No Yes - Name: _____

How long have you been working on developing your non-profit? _____

Type your Mission Statement here. If you have not yet created a Mission Statement, enter "none":

What type of non-profit do you aspire to operate (example: an after-school program that equips at-risk youth with leadership skills):

Select from the following options the profile of the population you desire to serve. Make at least one selection for each category.

Type of non-profit:

- | | | |
|--|--|--|
| <input type="checkbox"/> Veterans | <input type="checkbox"/> Medical Clinics | <input type="checkbox"/> Legal Aid |
| <input type="checkbox"/> Vulnerable Children | <input type="checkbox"/> Anti-Trafficking | <input type="checkbox"/> Crisis Response |
| <input type="checkbox"/> Addiction Recovery | <input type="checkbox"/> Direct Assistance | <input type="checkbox"/> Basic Needs |
| <input type="checkbox"/> Pregnancy Resource Center | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Immigrants | <input type="checkbox"/> College-age Individuals | |
| <input type="checkbox"/> Vulnerable Women | <input type="checkbox"/> Housing/Homelessness | |

Program Reach:

- Local
- Regional
- National
- International

Age of Client:

- 12 or younger
- 13 - 17
- 18 - 25
- 26 and older
- Undecided

Gender of Client:

- Male
- Female
- Non-binary
- Undecided

Cost to Client:

- None (services will be free)
- Billed to insurance
- Program fee charged to client
- State-funded
- Undecided

Is there any special demographic, culture, or ethnicity you intend to serve?

- No Not Sure Yes (describe): _____

LEADERSHIP AND EXPERIENCE

How many members are on your Board of Directors? _____

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have written Bylaws?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have written Articles of Incorporation?
<input type="checkbox"/>	<input type="checkbox"/>	Does your founding Board meet regularly?

How long has your Executive Director been in this position? _____

Please check all that apply for at least one member of your team:

- has experience running a nonprofit organization specific to your non-profit
- has volunteered or worked with a program specific to your non-profit
- has conducted community-based presentations specific to your non-profit
- has operated/participated in online, phone, street or club-based outreach specific to your non-profit
- has experience providing case management services specific to your non-profit
- has worked with vulnerable or traumatized populations
- is a survivor of the population you will work with

Describe your experience providing AWARENESS about your specific non-profit within your community:

Describe your experience, if any, providing SERVICES to your specific non-profit:

OPERATIONS AND FINANCES

If a physical location is needed, have you secured the building in which you will operate?

- No Yes

If yes, what type of dwelling have you secured?

- | | |
|---|---|
| <input type="checkbox"/> multi-family unit | <input type="checkbox"/> office space |
| <input type="checkbox"/> rural property (farm, ranch, etc.) | <input type="checkbox"/> church parsonage |
| <input type="checkbox"/> single family home | <input type="checkbox"/> we have land and intend to build |
| <input type="checkbox"/> townhouse | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> condo/apartment | |

What is, or what do you envision will be, the annual average number of clients served? _____

If not yet operational, do you have a projected date for when you hope to be operational?

_____ Mo _____ Yr

Have you created an operating budget for your non-profit?

- No Yes - annual budget \$ _____

Have you already begun fund-raising in support of your non-profit?

If yes, describe what you have been doing and the amount you have raised thus far.

Participation in the Institute requires that your organization will pay a program fee.

The program fee for Ministry Fundamentals is \$3,000.

- We will need to raise funds for the program fee, and anticipate securing them by:
 _____ Mo _____ Yr

- We have funds for the program fee

MOTIVATION AND MOVEMENT

What has prompted your interest in wanting to serve the population of your non-profit?

How have you been cultivating community partnerships?

How will you know if your non-profit is successful?

What do you hope to gain from participating in the Ministry Fundamentals Program?

For which of the Institute's offerings are you applying?

- Ministry Fundamentals – Fall 2022

How did you hear about the Ministry Fundamentals Program?

- Was referred from SECC local missions team
 Was referred from my church campus mission team
 Heard about the Ministries Fundamentals Program through another source:

Other _____

AGREEMENTS

If granted approval to join the Ministry Fundamentals Program, I understand and agree that my organization (please check all the boxes you are agreeing to):

- Has the capacity and willingness to begin a training program including on-site meetings, on-site intensives, webinars, self-guided study, homework, and meeting with a mentor. Is agreeable to/compatible with instruction taught from a Christian worldview.
- Can commit to at least 1-2 persons within your agency who will participate in the training. Each on-site meeting allows for 2 attendees per agency, but those individuals can change over the course of the training phase.
- Understands it will be working to build your agency infrastructure, program and community relationships concurrent with being in the training program. Participants will need to demonstrate consistent improvement in those areas.
- Is agreeable to track and report on organizational benchmarks providing quarterly reports to the Institute for Shelter Care.

Does your organization hold any of these certifications?

- ECFA BBB (give.org) GuideStar Charity Navigator Ministry Watch
 Charity Watch Other _____

Is your organization currently licensed by your state?

- No Yes




Has your Board had to respond to a controversial issue, financial problem, or legal matter since its inception?

- No Yes If, yes please explain:

GOVERNANCE

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	If faith-based, does your organization have a Board-approved Statement of Faith?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a documented Board Member handbook containing all organizational policies?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Board-approved strategic plan?
<input type="checkbox"/>	<input type="checkbox"/>	Does your Board have regularly scheduled meetings?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have other Board Committees? (Executive, Development, Advisory)
<input type="checkbox"/>	<input type="checkbox"/>	Has your Board voted to pursue Ministry Fundamentals training?

Board Term Length: _____ Consecutive Term Limits: _____

-  UPLOAD: Copy of your IRS Determination letter
  UPLOAD: List of Board members with brief bio and contact information
  UPLOAD: Board-approved strategic plan



LEADERSHIP

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Is the Executive Director a Member of the Board of Directors?
<input type="checkbox"/>	<input type="checkbox"/>	Does your Executive Director have a Board vote?
<input type="checkbox"/>	<input type="checkbox"/>	Does your Board perform an annual evaluation of your Executive Director?

FINANCE

	FY 2018	FY 2019	FY 2020	YTD 2021	Explanation
Budget					
Total expenses					
Executive Director Compensation					

Current Debt: _____ Current Operating Reserves: _____

-  UPLOAD: most recent filed Form 990
  UPLOAD: most recent annual report or we do not produce an annual report

INCOME REALIZED

	FY 2018	FY 2019	FY 2020	YTD 2021	Explanation
Individual donations					
Grant Funding					
Event Income					
Program Income					
Total annual income					

FINANCIAL MANAGEMENT

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have financial control policies and procedures that allow for segregation of duties?
<input type="checkbox"/>	<input type="checkbox"/>	Do you use a financial management system or software?
<input type="checkbox"/>	<input type="checkbox"/>	Does an independent CPA prepare your financial statements/audits?

STAFFING

	FY 2018	FY 2019	FY 2020	YTD 2021	Explanation
# of F/T paid staff					
# of P/T paid staff					
# of paid contractors					
# of volunteers					

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an organizational chart?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an employee manual?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have policies concerning background checks?
<input type="checkbox"/>	<input type="checkbox"/>	Does your organization conduct annual reviews of staff?

-  UPLOAD: Org Chart

PROGRAM

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does your organization currently serve your non-profit population?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have program content or scheduling?

 UPLOAD: Program Content/Schedule

Do you now or have you operated a non-profit in the past? No Yes

If yes, for how long? _____ Is that non-profit currently serving people? No Yes

If no, please briefly explain why your non-profit is being reconsidered or is currently not operating:

SWOT ANALYSIS

Please provide a candid assessment of your organization today:

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS

Please email your completed application along with the following documents to Paula Harper at pharper@instituteforsheltercare.org:

1. Copy of IRS Determination Letter
2. List of Board Members with brief bio and contact information
3. Most recent filed Form 990
4. Most recent Annual Report
5. Strategic Plan
6. Organizational Chart
7. Program Content/Scheduling