

Application Guidelines

Fair Chance was founded in 2002 to increase the effectiveness of quality youth programs in Washington, DC's high poverty communities. Believing that every child in the District of Columbia deserves a Fair Chance to succeed, the mission of Fair Chance is to strengthen the sustainability of nonprofit organizations and their leaders to transform the lives of children and youth living in poverty.

Fair Chance supports and assists nonprofit youth and family-serving organizations by providing technical assistance and capacity building services in eight different service areas: Fundraising, Program Evaluation, Fiscal Management, Board Development, Leadership Development, Human Resources, Strategic Planning, and Communications and Outreach.

To be considered for a partnership with Fair Chance, an organization must:

- Be exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code
- Have a minimum of one currently active program, functioning for at least one year, focused on improving the lives of low-income children, youth and/or families living in Wards 5, 6, 7 and/or 8 in the District of Columbia
- Have a full time Executive Director and Board of Directors (at least three members) in place at the time of submission of application
- Have a mission and vision tailored to a specific and demonstrable need in the target community
- Have some current funding committed to support the organization and its programs for the next 12 months
- Have an Executive Director and Board of Directors willing to commit to a year of partnership with Fair Chance (including weekly meetings with the ED, board participation, a focus on progression of the workplan, etc.)
- Have a willingness and desire to collaborate with other community groups

To apply for a partnership:

- Complete our partner application
- Include the following attachments:
 - 501 (c)(3) letter
 - 2012 organizational budget (including projected revenue)
 - 2011 organizational budget (including revenue)
 - Most recent Form 990
 - Current list of Board of Directors (including names, board title/role, business affiliations, and board terms if appropriate)
 - Current list of all staff (including names, titles, and status- full time, part time, contractual, consultant, volunteer)
 - 2010 and 2011 Program Participant Information (including number of participants served and all demographic information available such as ages, Wards of residence, race/ethnicity, income level)
 - List of funding for current fiscal year with awarded amounts---include names of funders (foundations, government, corporate) and awarded amounts; total amount from individual donors; total amounts from event(s) if applicable, etc.



Please note that we request the *Executive Director* of the organization to complete the application (with contributions from the Board Chair as noted) and must sign it as they are the primarily individual who will be involved in the weekly meetings throughout the partnership year .

Please submit your application by **January 20, 2012, 6 PM** to be considered for our March 2012–February 2013 partnership cycle. **Make certain you submit the application with all required attachments; no applications will be accepted after the application deadline.**

Applications must be emailed (please scan documents where appropriate) using the contact information below. You will receive a notice of receipt via email soon after the application is received.

**Elizabeth Workman, Deputy Director
Fair Chance
202-467-2415 (phone)
eworkman@fairchancedc.org**



Fair Chance Partnership Application

Thank you for your interest in partnering with Fair Chance!

Please complete this application so that we may learn more about your organization. **All information will be kept strictly confidential.**

This application must be completed and signed by the **Executive Director** of the organization.

CONTACT INFORMATION

Organization's Name:
Organization's Administrative Address & Ward:
Organization's Other Site Addresses & Wards (if applicable):
Executive Director's Name (person committed to weekly meetings with Fair Chance):
Executive Director's Contact Phone Number(s):
Executive Director's Email:
Name of the Chair of the Board of Directors:
Board Chair's Contact Phone Number(s):
Board Chair's Email:
Organization's Website:



Please check the boxes to confirm your organization fits the criteria. (If not, please contact eworkman@fairchancedc.org to determine eligibility for partnership).

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ORGANIZATIONAL BACKGROUND

1. What is the mission of your organization?
2. How is your organization unique?
3. Is your organization a 501(c) (3) nonprofit? Yes No
(If no, you will not be eligible for partnership.) If yes, when were you incorporated?
4. Are you the founder of the organization? Yes No
If not, is the founder still actively involved in the organization and in what way?
5. How often does your Board of Directors meet?
6. What do you consider the primary role(s) of your Board and how to do they address those responsibilities? (i.e. fundraising, financial oversight, governance, general support, communications)
7. On a scale of 1 – 5 (1=poorly; 5=wonderfully), how well does your board function as desired?

1 2 3 4 5
8. Do your Board Chair and Board support your application to Fair Chance? Yes No
9. What does the Board Chair/Board hope to achieve from a Fair Chance partnership?



10. Does your organization work in the DC school system? Yes No
11. Has your organization successfully completed the DCPS vetting process? Yes No
12. Do you currently have funding to operate your program(s) for at least one year?
Yes No
13. What is the amount of funds you currently have secured to run your programs.
14. On a scale of 1 – 5 (1=weak; 5=strong), how secure is your organization with funding support?
1 2 3 4 5
15. Please describe at least three of your nonprofit’s most recent organizational accomplishments (non-program, e.g. added two new Board Members, created a database of funders).

PROGRAMMING

16. Please list and briefly describe your program(s) and its/their hours of operation. (Only list programs that are currently running.)
17. Please describe the way in which your program(s) serves a critical need in the community and/or for your target population.
18. Please briefly describe the intended outcomes for each program described above.
19. What is your target population for each program described above? (Should include: age range, geographic focus, Ward focus, and any other relevant information.)
20. How long has/have each program(s) been in existence?
21. How many participants does your program(s) serve? (Each month and/or each year.)
22. What are the eligibility requirements, if any, to be a participant of your program(s)?
23. How do the participants learn of your program(s)?

35. Please explain why and in what ways you feel your organization needs support in most, if not all, of Fair Chance's service areas. (As Fair Chance provides some level of capacity building in all areas throughout the partner year, please describe the need for at least five.)
- a. Strategic Planning-
 - b. Fundraising-
 - c. Fiscal Management-
 - d. Board Development-
 - e. Leadership Development-
 - f. Program Evaluation-
 - g. Human Resources-
 - h. Communications & Outreach-
36. What do you hope to achieve from a partnership with Fair Chance?
37. If selected, are you able to devote at least 5-8 hours per week to the Fair Chance partnership? Yes No
38. If so, how will you make adjustments to your schedule to accommodate this commitment?
39. If selected, does the Board Chair/Board know that they will sometimes need to be available and participate in the Fair Chance partnership? Yes No
40. If so, how does the Board Chair/Board plan to get involved and participate in the partnership?
41. How did you hear about Fair Chance?



Executive Director's Signature

Date

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