

*This is the moment to care*



### **Nonprofit Accelerator Program Capacity-Building Cohort Application Form**

Thank you for your interest in applying to participate in a Maryland Nonprofits Accelerator Program capacity building cohort!

Please be sure to [review the answers to Frequently Asked Questions](#) about our cohort programs and the application process prior to starting your application. Your Executive Director/CEO/President should complete this application.

The goal of our application process is to ensure that Maryland Nonprofits collects sufficient information to select a diverse group of nonprofit organizations to receive the Accelerator Program's capacity building services.

All questions related to race, ethnicity, disability, and LGBTQIA+ status are intended to meet that aim. These questions include "prefer not to answer" as a response, and we will respect the privacy of the information submitted.

1. Is your organization a 501(c)(3), 501(c)(4), or 501(c)(6) tax-exempt nonprofit organization? \*

Yes

No

2. Is your organization located in Maryland? \*

Yes

No

3. Is your organization fiscally sponsored? \*

Yes

No

4. Full name of the person completing this application: \*

5. Title:

6. Email address:

\*

7. Best contact number:

8. Name of organization: \*

9. Mailing address:

10. Organization phone number:

11. Does your organization have a website? \*

Yes

No

12. Enter the web address:

13. Year you received tax-exempt status as a 501(c)(3), 501(c)(4), or 501(c)(6)? \*

14. Have you taken our Nonprofit Basics series before? \*

Yes

No

Date of completion:

15. Which program would you like to be considered for? \*

Nonprofit Basics (Basic level)

*Six 3–5-hour sessions over the course of 2 to 3 months*

Leadership Accelerator (Advanced level)

*Six 3–5-hour sessions over 4 to 6 months*

16. Are you able to commit the time needed to attend a multi-session series, as well as to complete required homework and preparation in-between sessions? \*

Yes

No

17. Why is the Accelerator Program important to your organization at this time? \*

18. Share your organization's Mission, Vision, and Values: \*

*We are especially interested to know if your organization serves diverse populations, including low-income individuals, BIPOC individuals, homeless, formerly incarcerated, a religious community, people*

*with disabilities, LGBTQIA+, and others who may experience systemic oppression.*

19. Please describe the population your organization serves (if applicable):

20. Name of President/CEO/Executive Director: \*

21. Insert President/CEO/Executive Director Biographical Sketch or Resume: \*

no file selected

22. Race and ethnicity of President/CEO/Executive Director (choose all that apply): \*

Native American or Indigenous

Asian or Asian American

Black or African American

Middle Eastern or North African

Hispanic or Latina/o/x/e

Native Hawaiian or another Pacific Islander

Afro-Latino

White (not Hispanic)

Mixed Racial Identity

Prefer not to answer

Unsure

23. Gender identity of the President/CEO/Executive Director: \*

Female

Male

Genderfluid

Genderqueer

Non-binary/non-conforming

Transgender female

Transgender male

Prefer not to answer

Unsure

24. Does the President/CEO/Executive Director identify as differently abled or disabled? \*

Yes

No

Prefer not to answer

Unsure

25. Does the President/CEO/Executive Director identify as LGBTQIA+? \*

Yes

No

Prefer not to answer

Unsure

26. What services does the organization provide? (check all that apply): \*

Arts, Culture, and Humanities

Education

Environment and Animals

Health

Human Services

International, Foreign Affairs

Public, Societal Benefit

Religion Related

Mutual/Membership Benefit

Other – (please specify):

Other – (please specify):

27. Select the type of area where your organization is located (check all that apply)? \*

Rural

Urban

Suburban

Other – (please specify):

28. Select the geographic area(s) that your organization serves (check all that apply): \*

Statewide

National

International

Regional/Multi-County

Local area

Other – (please specify):

29. Select the county(ies) that your organization serves: \*

Allegany County, MD

Anne Arundel County, MD

Baltimore County, MD

Baltimore City, MD

Calvert County, MD

Caroline County, MD

Carroll County, MD

Cecil County, MD

Charles County, MD

Dorchester County, MD

Fredrick County, MD

Garrett County, MD

Harford County, MD

Howard County, MD

Kent County, MD

Montgomery County, MD

Prince George's County, MD

Queen Anne's County, MD

Saint Mary's County, MD

Somerset County, MD

Talbot County, MD

Washington County, MD

Wicomico County, MD

Worcester County, MD

30. In what area(s) does your organization need support? \*

Finance and Accounting

Human Resources and Legal

Marketing and Communications

Executive Assistant Services

Fund Development

Board Development

Data and Evaluation

Justice, Equity, Diversity, Inclusion

Advocacy

All the above

Other – (please specify):

31. Does your organization have the following? (check all that apply) \*

Mission Statement

Strategic Plan

Fundraising Plan

Logic Model

Personnel Policies

Performance Management System or Documented Evaluation Process

Active Board of Directors

Active Board Committees

Written expectations for board members

None of the above

32. Annual budget for 2021: \*

33. Annual budget for 2022: \*

34. Number of employees in 2021: \*

35. Number of employees in 2022: \*

36. Select the race and ethnicities that represent employees:

- Native American or Indigenous
- Asian or Asian American
- Black or African American
- Middle Eastern or North African
- Hispanic or Latina/o/x/e
- Native Hawaiian or another Pacific Islander
- Afro-Latino
- White (not Hispanic)
- Mixed Racial Identity
- Prefer not to answer
- Unsure
- Not applicable (I.e., do not have employees)

37. Number of board members \*

38. Select the gender identities that represent board members (select all that apply):

- Female
- Male
- Genderfluid
- Genderqueer
- Non-binary/non-conforming
- Transgender female
- Transgender male
- Prefer not to answer
- Unsure

39. Select the race and ethnicity of board chair (Select all that apply):

- Native American or Indigenous
- Asian or Asian American



- Black or African American
- Middle Eastern or North African
- Hispanic or Latina/o/x/e
- Native Hawaiian or another Pacific Islander
- Afro-Latino
- White (not Hispanic)
- Mixed Racial Identity
- Prefer not to answer
- Unsure

40. Please upload a recent grant proposal or other document that describes your organization, such as an annual report, brochure, case statement. etc.

**SUBMIT**