



A Model Built on Faith
Application for Consulting Support

Name:		
Title:		
Name of key organization contact who will work with consultant:		
Name of organization:		
Name of Program (If different)		
Address:		
Phone Number (s):	Fax:	
Email:	Web Address:	
Is your organization faith-based?		
How would describe the populations you serve?		
What geographic areas do you serve?		
Please answer the following questions regarding your organization to the best of your knowledge. Please answer by placing an x in the appropriate box.		
	Yes	No
1. Are there individuals from your organization who can commit to participating in ongoing workshop sessions?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization have a 501 c 3 designation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your program have a separate 501 c 3 nonprofit designation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your organization or program have a fiscal sponsor?	<input type="checkbox"/>	<input type="checkbox"/>
5. When was your organization/program established?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you conducted a needs assessment to determine whether there is a documented need for this program in your community?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your leadership, including the board of directors aware of and committed to supporting this program's development?	<input type="checkbox"/>	<input type="checkbox"/>

