



APPLICATION FORM

*Adaptive Capacity Technical Assistance
and Peer Learning Project*

Contact Person

Full Name: _____
Title: _____
Phone Number: _____
Email: _____

Organizational Profile

Name: _____
Address: _____ **City:** _____
County: _____ **State:** _____
Zip: _____ **Tel.:** _____
Fax Number: _____ **Website:** _____

Year of incorporation: _____ **Annual operating budget:** \$ _____

Focus program area (please check all that apply):

Education Children Youth Families

Number of Employees:

Full-time: _____ Part-time: _____ Volunteers: _____

Narrative

Please answer each of the following questions. Each answer should be 200 words or less.

1. Provide a brief description of your organization's mission and history.



2. Describe your programmatic work as it relates to the following programmatic areas: education, children, youth, or families.

3. Provide a description of the communities that your organization serves (low-income and communities of color).

4. Describe your organization's past and current efforts to support organizational capacity development.

5. Describe your organization's expectations in participating in this project.

Additional Documents

When submitting this application, please attach your organization's most recent:

- Annual programmatic report (if available)
- Most recent audited financial report
- Current Board of Directors (name, profession, and office held on Board, if any)
- Copy of IRS determination letter confirming applicant's tax-exempt status



Signatures Required

Executive Director

Signature

Print Name

Date

Chair, Board of Directors

Signature

Print Name

Date

Contact Information

To submit the application or request additional information, please contact Melyora Trujillo at mtrujillo@familiesinschools.org phone: 213-484-2870, fax: 213-484-3845.

