

# THRIVING NON-PROFITS

Financial Strength. Community Impact.

## APPLICATION TO PARTICIPATE

<b>1. Organization name:</b>	
<b>2. Your name and position:</b>	
<b>3. Your email address:</b>	
<b>4. What is your current organizational budget?</b>	
<b>5. How many staff does your organization employ?</b>	
<b>6. Does your organization have a strategic plan?</b>	

**7. Please tell us why you want to participate in this program. Tell us a bit about your organization's current situation, and what you hope this program will do or change for you.**

8. Describe the team that you would put together to participate. Your three person team will ideally include a board member, the Executive Director, and a senior staff person:

Name	Position	Length of time with organization?

9. Is your team willing and able to set aside 1-2 days per person each month over six months for workshops, assignments and coaching to apply techniques in your organization?

- Yes
- No
- Not sure

10. Are you able to pay the \$750 registration fee?

- Yes
- No

*Please contact Kristi Fairholm-Mader at 778-679-4920 if you'd like to discuss subsidy options.*

11. Which tools you think will be the best fit or most useful to develop in your organization (please tick all that apply):

- Fee for service
- Multi-year contracts
- Social Enterprise
- Capital Grants
- Social purpose real estate
- Win-win partnerships

12. How did you hear about this program? [If referred by a previous participant, please note who referred you]

Please email your completed application form to **Anna Glenny** at [aglenny@victoriafoundation.bc.ca](mailto:aglenny@victoriafoundation.bc.ca) by December 12<sup>th</sup> 2018 at 12:00pm

Questions, please call Anna at **250-381-5532**.