



Leadership Program Contact:

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## Legacy Project Partnership Application

This project/partnership is quite unique. While the outcomes can be very positive, the process can be very challenging. There will be up to 25 business leaders involved with this project. They will divide into committees, teams, herds (jargon from a book) to work with the selected agency. There will be liaison to limit the number of calls from the group. The process will take you away from your work as usual and push you to think about your agency differently. You will be asked to stretch and move outside your comfort zone for the improvement of your agency. Your board may be asked to meet more frequently in the initial months of the partnership.

You will be expected to:

Return calls or respond to emails from the Class Liaison(s) within 48 hours.

Read the class text which will be provided at no cost to the Executive Director.

Attend scheduled meetings.

Schedule meeting for the group with advance notice.

Attend Chamber of Commerce After-Hours and other appropriate events (membership is paid for one year by the Chamber and Leadership).

Attend the Chamber of Commerce Annual Dinner in 2014 (1 ticket is provided).

Participate in the Chamber of Commerce Business Expo in 2014 (cost covered by Chamber).

**Name of Non-Profit:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_



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**Name of Executive Director:** \_\_\_\_\_

Educational Background (college, certifications, degrees, dates): \_\_\_\_\_

Number of Years in Position: \_\_\_\_\_

Agency Established : \_\_\_\_\_ Why was agency established?: \_\_\_\_\_

Agency Mission/Vision: \_\_\_\_\_

Agency Goals: \_\_\_\_\_

Agency Objectives: \_\_\_\_\_

Budget (provide on a separate document) \_\_\_\_\_

Do you receive funding from United Way of Montgomery County? \_\_\_\_\_

Have you received funding though the Community Foundation? \_\_\_\_\_

How does this agency support the local community? \_\_\_\_\_

## **Staffing Information**

Number of employees, titles, number of years in position (please list): \_\_\_\_\_

## **Volunteer Information**

Number of volunteers? \_\_\_\_\_ Source of volunteers? \_\_\_\_\_

Describe volunteer training? \_\_\_\_\_



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## Board Composition Information

Organizational Chart (please provide most current structure as a separate document) \_\_\_\_\_

Number of Board Members: \_\_\_\_\_ Board Term Information: \_\_\_\_\_

Describe Board Training: \_\_\_\_\_

List Board Members and Titles: \_\_\_\_\_

Do you have committees or advisory groups supporting the Board? (If yes, please provide information on these groups) \_\_\_\_\_ No \_\_\_\_\_ Yes: \_\_\_\_\_

When did you hold your last strategic planning session? (Strategic versus annual program of work). Please share the most recent planning document. \_\_\_\_\_

## Stakeholders/Client Information

Who do you serve? \_\_\_\_\_

How many clients do you currently serve? \_\_\_\_\_

Are you currently at capacity? (define as either at, over, under capacity and discuss selection)

How do your clients know about your services? Is this effective? \_\_\_\_\_



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## Greatest Needs

What challenges has your organization experienced in the last 48 months? \_\_\_\_\_

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What are your greatest needs? \_\_\_\_\_

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What have your greatest achievements been in the last 24 months? \_\_\_\_\_

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If you could have anything in the world for this organization, what would that one thing be and why?

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**About Leadership New River Valley:** The mission of Leadership NRV is to identify and develop current and future leaders through a comprehensive program designed to increase knowledge and awareness of the issues and challenges facing this community. The vision of Leadership NRV is to be highly valued and respected program recognized for the quality and diversity of its members, who remain committed to improving our region through ongoing education, awareness and involvement.