

# Nonprofit Repositioning Fund Grant Application

## Project Overview

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### 1. Project Name

Include names and acronyms of all organizations in the potential collaboration, starting with the Lead Organization followed by all Collaborating Organizations.

The Lead Organization will serve as grantee for the project. \*

### 2. Amount Requested from the Fund \*

### 3. Project Start Date \*




### 4. Project End Date \*



### 5. Project Stage \*

- Exploration
- Implementation

6. How many organizations are involved in the project? \*



A vertical dropdown menu with a checkered background. The visible options are 2, 3, and 4. The number 2 is currently selected and highlighted.

7. How do the organizations know each other?


Check all that apply.

- Overlapping Board Members
- Common Funders
- Joint Programmatic Work
- Staff Connections
- Other - Please Specify



A rectangular text input field with rounded corners, currently empty.

8. How long ago did the discussions begin?



A vertical dropdown menu with a checkered background. The visible options are: Less than a month, 1-3 months, 3-6 months, 6-12 months, 12-24 months, 24+ months, and Don't know. The first option, 'Less than a month', is currently selected and highlighted.

9. Who first initiated the discussions?

- Executive Director/President/CEO
- Board Member(s)
- Funder(s)
- Community Leaders/Organizations
- Other - Please Specify

10. Is this the first time the organizations have been in discussions?

- Yes
- No

**Description of Lead Organization (Org 1)**

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11. Lead Organization (Org 1) \*

12. What type of organization are you? (Org 1) \*

Government	▲
Nonprofit	▣
Higher Education	▣
Foundation	▼

### 13. Contact Information (Org 1) \*

First Name

Last Name

Title

Organization

Street Address

Apt/Suite/Office

City

State

Zip

Country

Email Address

Phone Number (Please use the following format 212-336-1525)

## 14. Website (Org 1)

Please type the entire address in this format: <http://www.seachangep.org> \*

## 15. EIN Number (Org 1) \*

## 16. Executive Director/President Details (Org 1) \*

Name \*

Title \*

Phone \*

Email \*

17. Executive Director/President Professional Bio (Org 1) \*

18. Please describe the financial condition of Org 1

19. In the current fiscal year, what does your budget show? (Org 1)

## 20. Primary reasons for considering this collaboration (Org 1)

Select top 3 reasons \*

- (Potential) departure of one or more Executive Directors/CEOs
- Advancement of a shared goal
- Competition for funding sources and/or clientele
- Difficulty funding necessary technological initiatives
- Difficulty in meeting external standards/requirements imposed on our organization
- Financial problems/pressures within one or more of the partnering organizations
- Funder initiated/mandated the collaboration
- High/increasing costs
- Request by parent organization
- Response to a community need
- Response to a funding opportunity

## 21. Mission & Core Programs/Services (Org 1) \*

## 22. Current & Prior FY Operating Budgets (Org 1) \*

Browse...

23. Current FY Operating Budget (Org 1) \*

24. Number of FTEs (Org 1) \*

25. Number of PTEs (Org 1) \*

26. Current Board Member List (Org 1) \*

Browse...

27. Board Resolution (Org 1)

Please upload document with Board Resolution to pursue repositioning activities for Lead Organization.

Browse...



## 28. Primary Regions Served (Org 1)

Check all that apply

- Philadelphia County
- Montgomery County
- Bucks County
- Delaware County
- Chester County
- Southern New Jersey
- Other - Please Specify

## 29. Primary Field of Work (Org 1) \*

- Animal Protection & Welfare
- Arts & Culture
- Civil Rights
- Community Development
- Education
- Environment
- Health
- Housing
- Philanthropy
- Human Services
- Mental Health
- Volunteerism
- Public Affairs
- Religion
- Technology
- Other - Please Describe

### 30. Identify any open grants with NRF participating funders (Org 1)

Check all that apply \*

- HealthSpark Foundation
- Chubb Charitable Foundation
- Scattergood Foundation
- The Barra Foundation
- The Lodestar Foundation
- The Philadelphia Foundation
- United Way of Greater Philadelphia and Southern New Jersey
- William Penn Foundation
- Lincoln Financial Foundation
- No open grants

### 31. Details of open grants with NRF participating funders (Org 1)

Please list the funder, project name, and grant amount for all open grants with the funders listed above.

### 32. Recent Financial Statements (audits preferred)

Please upload file(s) for Org 1 only \*

Browse...

### Description of Collaborating Organization (Org 2)

33. Collaborating Organization Name (Org 2) \*

34. What type of organization are you? (Org 2) \*

Government	▲
Nonprofit	■
Higher Education	■
Foundation	▼

### 35. Contact Information (Org 2) \*

First Name

Last Name

Title

Organization

Street Address

Apt/Suite/Office

City

State

Zip

Country

Email Address

Phone Number (Please use the following format 212-336-1525)

### 36. Website (Org 2)

Please type the entire address in this format: <http://www.seachange.org> \*

### 37. EIN Number (Org 2) \*

### 38. Executive Director/President Details (Org 2) \*

Name \*

Title \*

Phone \*

Email \*

39. Executive Director/President Professional Bio (Org 2) \*

40. Please describe the financial condition of Org 2

Strong  
Stable but facing long-run challenges  
Weak

41. In the current fiscal year, what does your budget show? (Org 2)

A surplus  
Breakeven  
A deficit

## 42. Primary reasons for considering this collaboration (Org 2)

Select top 3 reasons \*

- (Potential) departure of one or more Executive Directors/CEOs
- Advancement of a shared goal
- Competition for funding sources and/or clientele
- Difficulty funding necessary technological initiatives
- Difficulty in meeting external standards/requirements imposed on our organization
- Financial problems/pressures within one or more of the partnering organizations
- Funder initiated/mandated the collaboration
- High/increasing costs
- Request by parent organization
- Response to a community need
- Response to a funding opportunity

## 43. Mission & Core Programs/Services (Org 2) \*

## 44. Current & Prior FY Operating Budgets (Org 2) \*

Browse...

45. Current FY Operating Budget (Org 2) \*

46. Number of FTEs (Org 2) \*

47. Number of PTEs (Org 2) \*

48. Current Board Member List (Org 2) \*

Browse...

49. Board Resolution (Org 2)

Please upload document with Board Resolution to pursue repositioning activities for Collaborating Organization.

Browse...



## 50. Primary Regions Served (Org 2)

Check all that apply

- Philadelphia County
- Montgomery County
- Bucks County
- Delaware County
- Chester County
- Southern New Jersey
- Other - Please Specify

## 51. Primary Field of Work (Org 2) \*

- Animal Protection & Welfare
- Arts & Culture
- Civil Rights
- Community Development
- Education
- Environment
- Health
- Housing
- Philanthropy
- Human Services
- Mental Health
- Volunteerism
- Public Affairs
- Religion
- Technology
- Other - Please Describe

## 52. Identify any open grants with NRF participating funders (Org 2)

Check all that apply \*

- HealthSpark Foundation
- Chubb Charitable Foundation
- Scattergood Foundation
- The Barra Foundation
- The Lodestar Foundation
- The Philadelphia Foundation
- United Way of Greater Philadelphia and Southern New Jersey
- William Penn Foundation
- Lincoln Financial Foundation
- No open grants

## 53. Details of open grants with NRF participating funders (Org 2)

Please list the funder, project name, and grant amount for all open grants with the funders listed above.

## 54. Recent Financial Statements (audits preferred)

Please upload file(s) for Org 2 only \*

Browse...

## Description of Collaborating Organization (Org 3)

55. Collaborating Organization Name (Org 3)

56. What type of organization are you? (Org 3)

Government	▲
Nonprofit	■
Higher Education	■
Foundation	▼

## 57. Contact Information (Org 3)

First Name

Last Name

Title

Organization

Street Address

Apt/Suite/Office

City

State

Zip

Country

Email Address

Phone Number (Please use the following format 212-336-1525)

## 58. Website (Org 3)

Please type the entire address in this format: <http://www.seachange.org>

## 59. EIN Number (Org 3)

## 60. Executive Director/President Details (Org 3)

Name \*

Title \*

Phone \*

Email \*

61. Executive Director/President Professional Bio (Org 3)

62. Please describe the financial condition of Org 3

63. In the current fiscal year, what does your budget show? (Org 3)

## 64. Primary reasons for considering this collaboration (Org 3)

Select top 3 reasons

- (Potential) departure of one or more Executive Directors/CEOs
- Advancement of a shared goal
- Competition for funding sources and/or clientele
- Difficulty funding necessary technological initiatives
- Difficulty in meeting external standards/requirements imposed on our organization
- Financial problems/pressures within one or more of the partnering organizations
- Funder initiated/mandated the collaboration
- High/increasing costs
- Request by parent organization
- Response to a community need
- Response to a funding opportunity

## 65. Mission & Core Programs/Services (Org 3)

## 66. Current & Prior FY Operating Budgets (Org 3)

Browse...

67. Current FY Operating Budget (Org 3)

68. Number of FTEs (Org 3)

69. Number of PTEs (Org 3)

70. Current Board Member List (Org 3)

Browse...

71. Board Resolution (Org 3)

Please upload document with Board Resolution to pursue repositioning activities for Collaborating Organization.

Browse...



## 72. Primary Regions Served (Org 3)

Check all that apply

- Philadelphia County
- Montgomery County
- Bucks County
- Delaware County
- Chester County
- Southern New Jersey
- Other - Please Specify

## 73. Primary Field of Work (Org 3)

- Animal Protection & Welfare
- Arts & Culture
- Civil Rights
- Community Development
- Education
- Environment
- Health
- Housing
- Philanthropy
- Human Services
- Mental Health
- Volunteerism
- Public Affairs
- Religion
- Technology
- Other - Please Describe

## 74. Identify any open grants with NRF participating funders (Org 3)

Check all that apply

- HealthSpark Foundation
- Chubb Charitable Foundation
- Scattergood Foundation
- The Barra Foundation
- The Lodestar Foundation
- The Philadelphia Foundation
- United Way of Greater Philadelphia and Southern New Jersey
- William Penn Foundation
- Lincoln Financial Foundation
- No open grants

## 75. Details of open grants with NRF participating funders (Org 3)

Please list the funder, project name, and grant amount for all open grants with the funders listed above.

## 76. Recent Financial Statements (audits preferred)

Please upload file(s) for Org 3 only

Browse...

## Description of Collaborating Organization (Org 4)

77. Collaborating Organization Name (Org 4)

78. What type of organization are you? (Org 4)

Government	▲
Nonprofit	■
Higher Education	■
Foundation	▼

## 79. Contact Information (Org 4)

First Name

Last Name

Title

Organization

Street Address

Apt/Suite/Office

City

State

Zip

Country

Email Address

Phone Number (Please use the following format 212-336-1525)

## 80. Website (Org 4)

Please type the entire address in this format: <http://www.seachangep.org>

## 81. EIN Number (Org 4)

## 82. Executive Director/President Details (Org 4)

Name \*

Title \*

Phone \*

Email \*

83. Executive Director/President Professional Bio (Org 4)

84. Please describe the financial condition of Org 4

85. In the current fiscal year, what does your budget show? (Org 4)

## 86. Primary reasons for considering this collaboration (Org 4)

Select top 3 reasons

- (Potential) departure of one or more Executive Directors/CEOs
- Advancement of a shared goal
- Competition for funding sources and/or clientele
- Difficulty funding necessary technological initiatives
- Difficulty in meeting external standards/requirements imposed on our organization
- Financial problems/pressures within one or more of the partnering organizations
- Funder initiated/mandated the collaboration
- High/increasing costs
- Request by parent organization
- Response to a community need
- Response to a funding opportunity

## 87. Mission & Core Programs/Services (Org 4)

## 88. Current & Prior FY Operating Budgets (Org 4)

Browse...

89. Current FY Operating Budget (Org 4)

90. Number of FTEs (Org 4)

91. Number of PTEs (Org 4)

92. Current Board Member List (Org 4)

Browse...

93. Board Resolution (Org 4)

Please upload document with Board Resolution to pursue repositioning activities for Collaborating Organization.

Browse...



#### 94. Primary Regions Served (Org 4)

Check all that apply

- Philadelphia County
- Montgomery County
- Bucks County
- Delaware County
- Chester County
- Southern New Jersey
- Other - Please Specify

#### 95. Primary Field of Work (Org 4)

- Animal Protection & Welfare
- Arts & Culture
- Civil Rights
- Community Development
- Education
- Environment
- Health
- Housing
- Philanthropy
- Human Services
- Mental Health
- Volunteerism
- Public Affairs
- Religion
- Technology
- Other - Please Describe

## 96. Identify any open grants with NRF participating funders (Org 4)

Check all that apply

- HealthSpark Foundation
- Chubb Charitable Foundation
- Scattergood Foundation
- The Barra Foundation
- The Lodestar Foundation
- The Philadelphia Foundation
- United Way of Greater Philadelphia and Southern New Jersey
- William Penn Foundation
- Lincoln Financial Foundation
- No open grants

## 97. Details of open grants with NRF participating funders (Org 4)

Please list the funder, project name, and grant amount for all open grants with the funders listed above.

## 98. Recent Financial Statements (audits preferred)

Please upload file(s) for Org 4 only

Browse...

## 99. Collaboration Type

Identify the option that best describes the type of collaboration being explored. \*

- Back Office Consolidation - by contract or agreement
- Back Office Consolidation - creation of a new organization
- Programmatic Joint Venture
- Merger - fully integrated, including those with some brand independence retained
- Merger - merged governance, management, programs, and operation with separate corporate structures
- Alliance
- Acquisition

100. Briefly describe the current working relationship between the collaborating organizations. \*

101. What prompted you to consider a collaboration at this time? \*

102. Who initiated these discussions and when? \*

103. Briefly describe any confidentiality concerns regarding these deliberations. \*

**Exploration: Benefits & Risks**

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104. How might the collaboration meaningfully change the way the organizations involved will operate? \*

105. What can you accomplish together that you cannot do separately? \*

106. What might the potential impact of these changes be on the individuals/communities served? \*

107. How do you anticipate this potential collaboration will impact other competitors in this space? \*

108. Please identify any potential challenges this collaboration presents.

Select up to 3. \*

- Accepting change
- Achieving a shared vision
- Clarifying partner roles
- Concerns about risk/management
- Conflict and/or lack of trust among partners
- Coordinating/merging/integrating operations
- Coordination/integration of programs & services
- Costs of collaboration
- Creating a shared culture
- Defining and measuring success
- Facing competitive factors in the operating environment
- Inadequate staff time available for leading and/or managing collaboration
- Internal and external communication
- Raising funds or integrating fund development to support collaboration
- Reaching agreement in marketing/branding
- Retaining staff or staff departures
- Zoning/development of physical (shared) space

109. What essential questions must be answered before your organizations can make the decision to implement a formal collaboration? \*

110. To the extent possible, identify the sequence by which you need to answer these questions (e.g. what questions must you answer first before deciding whether to proceed further in the exploration?) \*

**Exploration: Technical Assistance Requested**

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111. Describe the technical assistance (TA) support that is being requested from the Fund.

Check all that apply. \*

- To conduct financial due diligence
- To draft the governing agreement or provide other legal advice
- To facilitate negotiations that might support the formation of the collaboration
- To advise on human resources, benefits, or compensation
- To determine the value of assets (intellectual or physical property)
- To develop a business or strategic plan for the collaboration
- To assess fundraising implications of potential collaboration
- To assess branding implications of potential collaboration
- Other - Please Describe

112. Identify the name, cost and timing for each technical assistance provider. \*



113. What other sources of support have/will you obtain for this collaboration, including in-kind support? \*

114. Copy of TA provider proposal(s) \*

Browse...

## Implementation Plan

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115. Collaboration Type

Identify the option that best describes the type of collaboration being explored. \*

- Back Office Consolidation - by contract or agreement
- Back Office Consolidation - creation of a new organization
- Programmatic Joint Venture
- Merger - fully integrated, including those with some brand independence retained
- Merger - merged governance, management, programs, and operation with separate corporate structures
- Alliance
- Acquisition

116. Provide an overview of the implementation plan detailing the scope of the collaboration, timing, and other critical information.

Include answers to these key questions:

- What prompted your organizations to consider a collaboration at this time?
- What can your organizations do together that you cannot do separately?
- How does collaborating meaningfully change the way the organizations involved will operate?
- What impact might this collaboration have on the individuals/communities currently served by the organizations?
- How will this impact other competitors in the space?

\*

117. Briefly describe any confidentiality concerns regarding these deliberations. \*

118. List **five expected outcomes and associated metrics** you hope to achieve from this collaboration over the next **two years**. \*

119. Describe any alternatives to formal collaboration explored by the organizations. \*

120. Please upload the post-implementation operating budget projections for the newly formed entity or other formal structure(s). Must include operating budget projections and narratives for first and second years following implementation. \*

Browse...

121. Describe the potential business risks and possible mitigants produced by this collaboration. \*

122. Describe the integration challenges this collaboration has experienced to date. \*

123. Please identify any potential challenges this collaboration presents moving forward. Select up to 3. \*

- Accepting change
- Achieving shared vision
- Clarifying partner roles
- Concerns about risk management
- Conflict and/or lack of trust among partners
- Coordinating/merging/integrating operations
- Coordination/integration of programs & services
- Costs of collaboration
- Creating a shared culture
- Defining and measuring success
- Facing competitive factors in the operating environment
- Inadequate staff time available for leading and/or managing collaboration
- Internal and external communication
- Raising funds or integrating fund development to support collaboration
- Reaching agreement in marketing/branding
- Retaining staff or staff departures
- Zoning/development of physical (shared) space
- Other - Please Specify

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## Implementation Costs

124. Describe any technical assistance (TA) support and other one-time costs associated with this collaboration that is being requested from the Fund.

Check all that apply. \*

- To conduct financial due diligence
- To draft the governing agreement or provide other legal advice
- To facilitate negotiations that might support the formation of the collaboration
- To advise on human resources, benefits, or compensation
- To determine the value of assets (intellectual or physical property)
- To develop a business or strategic plan for the collaboration
- To assess fundraising implications of potential collaboration
- To assess branding implications of potential collaboration
- Other - Please Describe

125. Provide an itemized budget detailing the full cost of the implementation.  
Budget must include:

- Name, function, and associated cost for each TA provider or vendor
- Amount requested from the Fund
- Other sources of secured or pending support (including in-kind)

\*

Browse...

126. Please upload all proposals from TA providers and other vendors selected to support implementation efforts. \*

Browse...

127. Copy of TA provider proposal(s) \*

Browse...

### Supporting Materials

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128. IRS 501(c)3 Letter (Lead Org Only) \*

Browse...

129. Additional documents/information pertinent to the proposed repositioning activity

Browse...