

MINNESOTA LATINO NON-PROFIT LEADERSHIP ACADEMY

APPLICATION

(Deadline: June 1, 2009)

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

E-mail: _____ Website: _____

Name of Executive Director (please print): _____

Executive Director Signature: _____

Application Submitted By: Name _____

Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

Attachments Check-List:

- IRS 501-C-3 Tax Exempt Determination OR Fiscal Agent Letter
- Completed Financial Summary Form & Executive Director Bio (form provided with application)
- Executive Director Bio (use form provided with application)
- Current Board of Directors list (use form provided with application)

By June 1, 2009, mail your original application, nine (9) copies of it, and all of the attachments listed above to:

HACER – Attn: Rodolfo Gutierrez
330 Hubert H. Humphrey Center
301 19TH Avenue South
Minneapolis, Minnesota 55455

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*Please answer each question concisely.
Applications should be a minimum of two pages and a maximum of four pages.*

1. Please describe your organization's history, mission, programs and population served.

2a. What are the programs, activities, and impacts of your organization? (Please include examples in your answer.)

2b. What are the types of programs / activities that your organization provides?

- | | |
|--|---|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Education |
| <input type="checkbox"/> Families & Children | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Afterschool Programs |
| <input type="checkbox"/> Anti-gang/Anti-violence | <input type="checkbox"/> Ex-Offenders |
| <input type="checkbox"/> Drug & Alcohol | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Legal/Paralegal | <input type="checkbox"/> Civil Rights/Human Justice |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Arts & Culture |
| <input type="checkbox"/> Workforce Development | <input type="checkbox"/> Health & Human Services |
| <input type="checkbox"/> Other: Please indicate. _____ | |
-

3. What are the obstacles and challenges currently faced by your organization?

4. What do you think you, your board, staff and overall organization will gain from your participation in the Minnesota Latino Non-Profit Leadership Academy?

5. Please define and describe leadership within your organization as well as your organization's decision-making process(es).

6. What difference will this training make to your organization?

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7. How many years has your organization been in operation? (Check one)

- 1-2 Years 3-5 Years 6-15 Years 16+ Years

8. Participants must meet at least one criterion under “leadership” and at least one criterion under “mission” below. (Please check the boxes which apply to your organization.)

Leadership	Mission
<input type="checkbox"/> A majority of board members are Latino/Latina	<input type="checkbox"/> A majority of the people directly served by the agency is Latino
<input type="checkbox"/> The agency’s executive director is Latino/Latina	<input type="checkbox"/> The mission statement specifically targets a Latino sub-group(s)

9. Tell us about your organization’s management style and philosophy.

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CURRENT BOARD LIST

(Submit with your Application)

Organization:

List of Current Board Members

Name	Title	Affiliation/Organization	Ethnicity

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EXECUTIVE DIRECTOR BIO
(Submit with your Application)

Organization:

Below, please provide a biography of your organization's executive director (1 page or less).

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**FINANCIAL SUMMARY FORM
(Submit with your Application)**

Organization:

Federal Tax EIN Number:

FINANCIAL SUMMARY

Previous Fiscal Year Totals

Fiscal Year	
Total Revenues	
Total Expenses	
Net Gain/Loss	
Net Assets	

What is your current fiscal year budget? \$