

# NSI Negotiation Funding Application

(California Community Foundation)

Los Angeles County Service Provider Areas ("SPAs") are as follows: SPA 1 - Antelope Valley, SPA 2 - San Fernando Valley, SPA 3 - San Gabriel Valley, SPA 4 - Metro L.A., SPA 5 - West L.A., SPA 6 - South L.A., SPA 7 - East L.A., SPA 8 - South Bay Please contact NSIprojectmanager@gmail.com with any questions.

## Applicant Organization Information

**Applicant Organization Name**

**Applicant Organization Street Address**

**Applicant Organization City**

**Applicant State**

**Applicant Zip**

**Applicant Organization Tax ID**

**Applicant Primary Contact Person**

**Applicant Contact Title**

**Applicant Contact Email Address**

**Applicant Contact Phone Number**

**Applicant: Which nonprofit sector most closely represents your work?**

**If "other," please describe.**

**Applicant: In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate?**

<Select as many as apply>  
 SPA1 - Antelope Valley  
 SPA2 - San Fernando  
 SPA3 - San Gabriel

**Applicant: What is your current operating expense budget?**

**Applicant: How many staff do you employ (full time employee equivalent)?**

**Applicant: How many clients do you serve annually?**

**How would you characterize your current financial position? (Select all that apply):**

- We have three months of unrestricted reserves or more**
- We have experienced surpluses in recent years**
- We were able to cover organizational expenses this past fiscal year**
- We are projecting an operating deficit this fiscal year**
- We reported an operating deficit this past fiscal year**
- We have experienced operating deficits in recent years**

**If you would like, please share more about your financial position**

**How many board members do you have?**

## Partner Organization Information

### PARTNER #1

**Partner #1 Organization Name**

**Partner #1 Address**

**Partner #1 Tax ID**

**Partner #1 Contact**

**Partner #1 Contact Title**

**Partner #1 Contact Email**

**Partner #1 Contact Phone**

**Partner #1 Which nonprofit sector most closely represents your work?**

**Partner #1 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate?**

<Select as many as apply>  
 SPA1 - Antelope Valley  
 SPA2 - San Fernando  
 SPA3 - San Gabriel

Partner #1 How many staff do you employ

(full time employee equivalent)?

Partner #1 How many clients do you serve

annually?

Partner #1 What is your current operating

expense budget?

**Partner #1 How would you characterize your current financial position? (Select all that apply):**

We have three months of unrestricted reserves or more

We have experienced surpluses in recent years

We were able to cover organizational expenses this   
past fiscal year

We reported an operating deficit this past fiscal year

We are projecting an operating deficit this fiscal year

We have experienced operating deficits in recent years

If you would like, please share more about your financial position

How many board members do you have?

**PARTNER #2**

Partner #2 Organization Name

Partner #2 Address

Partner #2 Tax ID

Partner #2 Contact

Partner #2 Contact Title

Partner #2 Contact Email

Partner #2 Contact Phone

Partner #2 Which nonprofit sector most   
closely represents your work?

Partner #2 In which of the Los Angeles   
County Service Provider Areas ("SPAs") do   
you primarily operate?

- <Select as many as apply>
- SPA1 - Antelope Valley
- SPA2 - San Fernando
- SPA3 - San Gabriel

Partner #2 How many staff do you employ   
(full time employee equivalent)?

Partner #2 How many clients do you serve annually?

Partner #2 What is your current operating expense budget?

**Partner #2 How would you characterize your current financial position? (Select all that apply):**

- We have three months of unrestricted reserves or more
- We have experienced surpluses in recent years
- We were able to cover organizational expenses this past fiscal year
- We reported an operating deficit this past fiscal year
- We are projecting an operating deficit this fiscal year
- We have experienced operating deficits in recent years

If you would like, please share more about your financial position

How many board members do you have?

**PARTNER #3**

Partner #3 Organization Name

Partner #3 Address

Partner #3 Tax ID

Partner #3 Contact

Partner #3 Contact Title

Partner #3 Contact Email

Partner #3 Contact Phone

Partner #3 Which nonprofit sector most closely represents your work?

Partner #3 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate?

<Select as many as apply>

SPA1 - Antelope Valley

SPA2 - San Fernando

SPA3 - San Gabriel

Partner #3 How many staff do you employ (full time employee equivalent)?

Partner #3 How many clients do you serve annually?

Partner #3 What is your current operating expense budget?

**Partner #3 How would you characterize your current financial position? (Select all that apply):**

- We have three months of unrestricted reserves or more
- We have experienced surpluses in recent years
- We were able to cover organizational expenses this past fiscal year
- We reported an operating deficit this past fiscal year
- We are projecting an operating deficit this fiscal year
- We have experienced operating deficits in recent years

If you would like, please share more about your financial position

How many board members do you have?

**PARTNER #4**

Partner #4 Organization Name

Partner #4 Address

Partner #4 Tax ID

Partner #4 Contact

Partner #4 Contact Title

Partner #4 Contact Email

Partner #4 Contact Phone

Partner #4 Which nonprofit sector most closely represents your work?

Partner #4 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate?

<Select as many as apply>  
 SPA1 - Antelope Valley  
 SPA2 - San Fernando  
 SPA3 - San Gabriel

Partner #4 How many staff do you employ (full time employee equivalent)?

Partner #4 How many clients do you serve annually?

Partner #4 What is your current operating expense budget?

**Partner #4 How would you characterize your current financial position? (Select all that apply):**

We have three months of unrestricted reserves or more

We have experienced surpluses in recent years

We were able to cover organizational expenses this past fiscal year

We reported an operating deficit this past fiscal year

We are projecting an operating deficit this fiscal year

We have experienced operating deficits in recent years

If you would like, please share more about your financial position

How many board members do you have?

**PARTNER #5**

Partner #5 Organization Name

Partner #5 Address

Partner #5 Tax ID

Partner #5 Contact

Partner #5 Contact Title

Partner #5 Contact Email

Partner #5 Contact Phone

Partner #5 Which nonprofit sector most closely represents your work?

Partner #5 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate?   
 <Select as many as apply>  
 SPA1 - Antelope Valley  
 SPA2 - San Fernando  
 SPA3 - San Gabriel

Partner #5 How many staff do you employ (full time employee equivalent)?

Partner #5 How many clients do you serve annually?

Partner #5 What is your current operating expense budget?

**Partner #5 How would you characterize your current financial position? (Select all that apply):**

- We have three months of unrestricted reserves or more
- We have experienced surpluses in recent years
- We were able to cover organizational expenses this past fiscal year
- We reported an operating deficit this past fiscal year
- We are projecting an operating deficit this fiscal year
- We have experienced operating deficits in recent years

If you would like, please share more about your financial position

How many board members do you have?

**PARTNER #6**

Partner #6 Organization Name

Partner #6 Address

Partner #6 Tax ID

Partner #6 Contact

Partner #6 Contact Title

Partner #6 Contact Email

Partner #6 Contact Phone

Partner #6 Which nonprofit sector most closely represents your work?

▼

Partner #6 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate?

<Select as many as apply>

SPA1 - Antelope Valley

SPA2 - San Fernando

SPA3 - San Gabriel

Partner #6 How many staff do you employ (full time employee equivalent)?

Partner #6 How many clients do you serve annually?

Partner #6 What is your current operating expense budget?

**Partner #6 How would you characterize your current financial position? (Select all that apply):**

- We have three months of unrestricted reserves or more
- We have experienced surpluses in recent years
- We were able to cover organizational expenses this past fiscal year
- We reported an operating deficit this past fiscal year
- We are projecting an operating deficit this fiscal year
- We have experienced operating deficits in recent years

If you would like, please share more about your financial position

How many board members do you have?

**PARTNER #7**

Partner #7 Organization Name

Partner #7 Address

Partner #7 Tax ID

Partner #7 Contact

Partner #7 Contact Title

Partner #7 Contact Email

Partner #7 Contact Phone

Partner #7 Which nonprofit sector most closely represents your work?

▼

Partner #7 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate?

<Select as many as apply>

SPA1 - Antelope Valley

SPA2 - San Fernando

SPA3 - San Gabriel

Partner #7 How many staff do you employ (full time employee equivalent)?

Partner #7 How many clients do you serve annually?

Partner #8 How many clients do you serve annually?

Partner #7 What is your current operating expense budget?



**Partner #7 How would you characterize your current financial position? (Select all that apply):**

- We have three months of unrestricted reserves or more
- We have experienced surpluses in recent years
- We were able to cover organizational expenses this past fiscal year
- We reported an operating deficit this past fiscal year
- We are projecting an operating deficit this fiscal year
- We have experienced operating deficits in recent years

If you would like, please share more about your financial position

How many board members do you have?

**PARTNER #8**

Partner #8 Organization Name

Partner #8 Address

Partner #8 Tax ID

Partner #8 Contact

Partner #8 Contact Title

Partner #8 Contact Email

Partner #8 Contact Phone

Partner #8 Which nonprofit sector most closely represents your work?

Partner #8 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate?

<Select as many as apply>

SPA1 - Antelope Valley

SPA2 - San Fernando

SPA3 - San Gabriel

Partner #8 How many staff do you employ (full time employee equivalent)?

Partner #8 What is your current operating expense budget?

**Partner #8 How would you characterize your current financial position? (Select all that apply):**

- We have three months of unrestricted reserves or more
- We have experienced surpluses in recent years
- We were able to cover organizational expenses this past fiscal year

- We reported an operating deficit this past fiscal year**
- We are projecting an operating deficit this fiscal year**
- We have experienced operating deficits in recent years**

**If you would like, please share more about your financial position**

**How many board members do you have?**

**PARTNER #9**

**Partner #9 Organization Name**

**Partner #9 Address**

**Partner #9 Tax ID**

**Partner #9 Contact**

**Partner #9 Contact Title**

**Partner #9 Contact Email**

**Partner #9 Contact Phone**

**Partner #9 Which nonprofit sector most closely represents your work?**

**Partner #9 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate?**

<Select as many as apply>  
 SPA1 - Antelope Valley  
 SPA2 - San Fernando  
 SPA3 - San Gabriel

**Partner #9 How many staff do you employ (full time employee equivalent)?**

**Partner #9 How many clients do you serve annually?**

**Partner #9 What is your current operating expense budget?**

**Partner #9 How would you characterize your current financial position? (Select all that apply):**

- We have three months of unrestricted reserves or more**
- We have experienced surpluses in recent years**
- We were able to cover organizational expenses this past fiscal year**
- We reported an operating deficit this past fiscal year**
- We are projecting an operating deficit this fiscal year**

We have experienced operating deficits in recent years

If you would like, please share more about your financial position

How many board members do you have?

**PARTNER #10**

Partner #10 Organization Name

Partner #10 Address

Partner #10 Tax ID

Partner #10 Contact

Partner #10 Contact Title

Partner #10 Contact Email

Partner #10 Contact Phone

Partner #10 Which nonprofit sector most closely represents your work?

Partner #10 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate? 

<Select as many as apply>  
SPA1 - Antelope Valley  
SPA2 - San Fernando  
SPA3 - San Gabriel

Partner #10 How many staff do you employ (full time employee equivalent)?

Partner #10 How many clients do you serve annually?

Partner #10 What is your current operating expense budget?

**Partner #10 How would you characterize your current financial position? (Select all that apply):**

We have three months of unrestricted reserves or more

We have experienced surpluses in recent years

We were able to cover organizational expenses this past fiscal year

We reported an operating deficit this past fiscal year

We are projecting an operating deficit this fiscal year

We have experienced operating deficits in recent years

If you would like, please share more about your financial position

How many board members do you have?

**PARTNER #11**

Partner #11 Organization Name

Partner #11 Address

Partner #11 Tax ID

Partner #11 Contact

Partner #11 Contact Title

Partner #11 Contact Email

Partner #11 Contact Phone

Partner #11 Which nonprofit sector most closely represents your work?

▼

Partner #11 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate?

<Select as many as apply>  
SPA1 - Antelope Valley  
SPA2 - San Fernando  
SPA3 - San Gabriel

Partner #11 How many staff do you employ (full time employee equivalent)?

Partner #11 How many clients do you serve annually?

Partner #11 What is your current operating expense budget?

**Partner #11 How would you characterize your current financial position? (Select all that apply):**

- We have three months of unrestricted reserves or more**
- We have experienced surpluses in recent years**
- We were able to cover organizational expenses this past fiscal year**
- We reported an operating deficit this past fiscal year**
- We are projecting an operating deficit this fiscal year**
- We have experienced operating deficits in recent years**

If you would like, please share more about your financial position

How many board members do you have?

**PARTNER #12**

Partner #12 Organization Name

Partner #12 Address

Partner #12 Tax ID

Partner #12 Contact

Partner #12 Contact Title

Partner #12 Contact Email

Partner #12 Contact Phone

Partner #12 Which nonprofit sector most closely represents your work?

Partner #12 In which of the Los Angeles County Service Provider Areas ("SPAs") do you primarily operate?

<Select as many as apply>  
SPA1 - Antelope Valley  
SPA2 - San Fernando  
SPA3 - San Gabriel

Partner #12 How many staff do you employ (full time employee equivalent)?

Partner #12 How many clients do you serve annually?

Partner #12 What is your current operating expense budget?

**Partner #12 How would you characterize your current financial position? (Select all that apply):**

We have three months of unrestricted reserves or more

We have experienced surpluses in recent years

We were able to cover organizational expenses this past fiscal year

We reported an operating deficit this past fiscal year

We are projecting an operating deficit this fiscal year

We have experienced operating deficits in recent years

If you would like, please share more about your financial position

How many board members do you have?

## Narrative Questions

Type Of Strategic Partnership:

<Select>  
Acquisition  
Administrative consolidation  
Co-location

Requested Amount:

How did you learn about the NSI grant opportunity?

*(Characters left: x)*

Additional Info on how you learned about the NSI grant opportunity?

*(Characters left: x)*

**Have the proposed partner organizations worked together before? If so, describe the experience.**

*(Characters left: x)*

**What is prompting you to consider a strategic partnership at this point in time?**

*(Characters left: x)*

## **Partner Organization Narrative Questions**

**Applicant Organization: What do you hope your potential strategic partnership will accomplish?**

*(Characters left: x)*

**Applicant Organization: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?**

*(Characters left: x)*

**Partner #1: What do you hope your potential strategic partnership will accomplish?**

*(Characters left: x)*

**Partner #1: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?**

*(Characters left: x)*

**Partner #2: What do you hope your potential strategic partnership will accomplish?**

*(Characters left: x)*

**Partner #2: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?**

*(Characters left: x)*

**Partner #3: What do you hope your potential strategic partnership will accomplish?**

*(Characters left: x)*

**Partner #3: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?**

*(Characters left: x)*

**Partner #4: What do you hope your potential strategic partnership will accomplish?**

*(Characters left: x)*

**Partner #4: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?**

*(Characters left: x)*



**Partner #5: What do you hope your potential strategic partnership will accomplish?**

*(Characters left: x)*

**Partner #5: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?**

*(Characters left: x)*

**Partner #6: What do you hope your potential strategic partnership will accomplish?**

*(Characters left: x)*

**Partner #6: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?**

*(Characters left: x)*

**Partner #7: What do you hope your potential strategic partnership will accomplish?**

*(Characters left: x)*

**Partner #7: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?**

*(Characters left: x)*

**Partner #8: What do you hope your potential strategic partnership will accomplish?**

*(Characters left: x)*

**Partner #8: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?**

*(Characters left: x)*

**Partner #9: What do you hope your potential strategic partnership will accomplish?**

*(Characters left: x)*

**Partner #9: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?**

*(Characters left: x)*

**Partner #10: What do you hope your potential strategic partnership will accomplish?**

*(Characters left: x)*

**Partner #10: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?**

*(Characters left: x)*

**Partner #11: What do you hope your potential strategic partnership will accomplish?**

*(Characters left: x)*

**Partner #11: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?**

*(Characters left: x)*

**Partner #12: What do you hope your potential strategic partnership will accomplish?**

(Characters left: x)

**Partner #12: What outcomes and/or impact do you expect your strategic partnership will have on the clients and communities served by your organizations respectively?**

(Characters left: x)

## Consultant Information

**Name of consultant(s) or consulting firm(s) with which you will be working:**

(Characters left: x)

**Please briefly describe the process and criteria you used to select the proposed consultant.**

(Characters left: x)

## Attachments

**Project budget ([NSI template budget - please download, complete, and upload](#))**

**Copy of consultant proposal (including scope of work, project workplan/timeline, project budget)**

**Please upload a signed copy of the Board Resolution from each Partner**

**Applicant Organization: Copy of signed Board resolution.**

**Partner #1: Copy of signed Board Resolution**

**Partner #2: Copy of signed Board Resolution**

**Partner #3: Copy of signed Board Resolution**

**Partner #4: Copy of signed Board Resolution**

**Partner #5: Copy of signed Board Resolution**

**Partner #6: Copy of signed Board Resolution**

**Partner #7: Copy of signed Board Resolution**

**Partner #8: Copy of signed Board Resolution**

**Partner #9: Copy of signed Board Resolution**

**Partner #10: Copy of signed Board Resolution**

**Partner #11: Copy of signed Board Resolution**

**Partner #12: Copy of signed Board Resolution**