

Nonprofit Repositioning Fund Inquiry Form

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Introduction



Thank you for your interest in the Nonprofit Repositioning Fund. Please feel free to reach out to us at any time at nshmavonian@seachangepartners.org or (267) 888-6131 if you'd like to discuss your situation directly before completing the form.

Contact Information

First Name *

Last Name *

Email *

Phone Number *

Use format ###-###-####

Title *

Organization *

Website *

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Project Overview

Amount Requested from the Fund *

Project Start Date *

Anticipated Project End Date *

Project Stage

- Exploration
- Implementation

How many organizations are involved in this project?

 

How do the organizations know each other? Check all that apply.

- Overlapping board members
- Common funders
- Joint programmatic work
- Staff connections
- Other

How long ago did the discussions begin?

 

Please select...

Who first initiated the conversations?

- Executive Director/President/CEO
- Board member(s)
- Funder(s)
- Community leaders/organizations
- Other

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

- Yes
- No

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Description of Lead Organization

Organization One Information

Organization Name

What type of organization are you?

Contact Information

First Name *

Last Name *

Title *

Phone *

Email *

Executive Director Information

First Name *

Last Name *

Title *

Phone *

Email *

Executive Director's Professional Bio

Street Address

City

State *

Zipcode *

Website *

EIN *

Use format ##-#####

Please briefly describe the organization's mission and core programs/services.

Please upload IRS 501(c)3 letter for Organization One

No file chosen

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Financial and Personnel Information (Organization One)

How would you describe the organization's financial health? *

 

In the most recent fiscal year, did the organization show a surplus, a deficit, or breakeven? *

 

In the current fiscal year, do you expect a surplus, a deficit, or breakeven? *

 

Primary reasons for considering this collaboration.

- (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

Do you receive, or have you received in the last three years, support from:

- Comcast/NBC Universal
- HealthSpark Foundation
- Scattergood Foundation
- TD Charitable Foundation
- The Barra Foundation
- The Connelly Foundation
- The Hummingbird Foundation
- The Lodestar Foundation
- The Philadelphia Foundation
- United Way of Greater Philadelphia and Southern New Jersey
- William Penn Foundation
- None of the above

Details of open grants with NRF participating funders

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

Current & Prior Fiscal Year Operating Budgets

No file chosen

Current FY Operating Budget (\$)

Number of FTEs

Number of PTEs

What percentage of the organization's staff identify as BIPOC?

Current Board Member List

Choose File No file chosen

What percentage of the organization's board identify as BIPOC?

Board Resolution

Choose File No file chosen

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

Primary Regions Served

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

Check all that apply

Primary Field of Work

Recent Financial Statements (audit preferred)

Choose File No file chosen

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Organization Two Information

Organization Two Information

Organization Name

What type of organization are you?

Contact Information

First Name *

Last Name *

Title *

Phone *

Email *

Executive Director Information

First Name *

Last Name *

Title *

Phone *

Email *

Executive Director's Professional Bio

Street Address

Town/City *

State *

Zipcode *

Website

EIN *

Use format ##-#####

Please briefly describe the organization's mission and core programs/services.

Please upload 501(c)3 letter for Organization Two

No file chosen

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Financial and Personnel Information (Organization Two)

How would you describe the organization's financial health? *

In the most recent fiscal year, did the organization show a surplus, a deficit, or breakeven? *

In the current fiscal year, do you expect a surplus, a deficit, or breakeven? *

Primary reasons for considering this collaboration.

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Current & Prior Fiscal Year Operating Budgets

No file chosen

Current FY Operating Budget (\$)

Number of FTEs

Number of PTEs

What percentage of the organization's staff identify as BIPOC?

Current Board Member List

No file chosen

What percentage of the organization's board identify as BIPOC?

Board Resolution

No file chosen

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

Primary Regions Served

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

Check all that apply

Primary Field of Work

 

Recent Financial Statements (audit preferred)

No file chosen

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Exploration: Collaboration Background and Status

Collaboration Type

- 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

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

Briefly describe the working relationship between the collaborating organizations.

What prompted you to consider a collaboration at this time?

Who initiated these discussions and when?

Briefly describe any confidentiality concerns regarding these deliberations.

How has the COVID-19 crisis affected the organizations and/or the status of the collaboration?

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Exploration Benefits and Risks

Potential Benefits of Collaboration

How might the collaboration meaningfully change the ways the organizations involved will operate?

What can you accomplish together that you cannot do separately?

Potential Impact

What might the potential impact of these changes be on the individuals/communities served?

How do you anticipate this potential collaboration will impact other competitors in the space?

Potential Challenges of Collaboration

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 and 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

Essential Questions

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

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)?



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Exploration: Technical Assistance Requested

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

- 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

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

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

Copy of TA provider proposal(s)

No file chosen

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Implementation Plan

Collaboration Type

- 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

Identify the option that best describes the type of collaboration.

Provide an overview of the implementation plan detailing the scope of the collaboration, timing, and other critical information. Include the answers to these key questions: What prompted your organizations to consider a collaboration at this time? What can your organizations do together that they cannot do separately? How does collaborating meaningfully change the ways 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?

Briefly describe any confidentiality concerns regarding these deliberations.

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

Describe any alternatives to formal collaboration explored by the organizations.

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.

No file chosen

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

Describe the integration challenges this collaboration has experienced to date.

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 and 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

How has the COVID-19 crisis affected the organizations and/or the status of the collaboration?

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Implementation Costs

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

- 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

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; and other sources of secured or pending support (including in-kind).

No file chosen

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

No file chosen

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Thanks for your interest

We take confidentiality very seriously. However, in order to move forward with a grant or loan we will need to seek approval from certain of our funding partners. Do we have your permission to share your information with our funders at this time?

We strive to be respectful of the scare time of our potential nonprofit partners. How long did this form take you to complete?

Do you have any comments on what would make it more helpful?

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