

**Shiawassee Nonprofit Capacity Building Program
Technical Assistance Request
2011**



Nonprofit Organization: _____

Contact Name: _____ Title: _____

Mailing Address: _____

Phone: _____ Email: _____

Nature of Request

- | | |
|-----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Coaching: Executive Director | Meeting Facilitation: |
| <input type="checkbox"/> Coaching: Board President | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Board Training: list issue/topic | <input type="checkbox"/> Organizational Structure/Design |
| _____ | <input type="checkbox"/> Program Planning |
| | <input type="checkbox"/> Other (describe): _____ |
| | _____ |

Capacity Building History

Please indicate the Nonprofit Capacity Building activities your organization has participated in to date:

- Organizational assessment
 Shiawassee NCBP other model (describe): _____
- Strategic Planning
Dates of plan: _____
Who led the process? _____
- NCBP Training attendance
 By board by staff
Training topics/titles: _____

- Other training (describe): _____

Goals and Outcomes

Please describe the issues/needs that led to this request:

Please describe what measurable outcomes or specific change(s) you would like to see as a result of our work:

In what timeframe would you like to complete this process?

Return completed form to:

Robin Lynn Grinnell, Cook Family Foundation

Email: robin@cookfamilyfoundation.org

Fax: 989-936-5910

Mail: PO Box 278, Owosso, MI 48867



The
Cook Family
Foundation