

The SeaChange-Lodestar Fund for Nonprofit Collaboration Application

Organization 1 Information

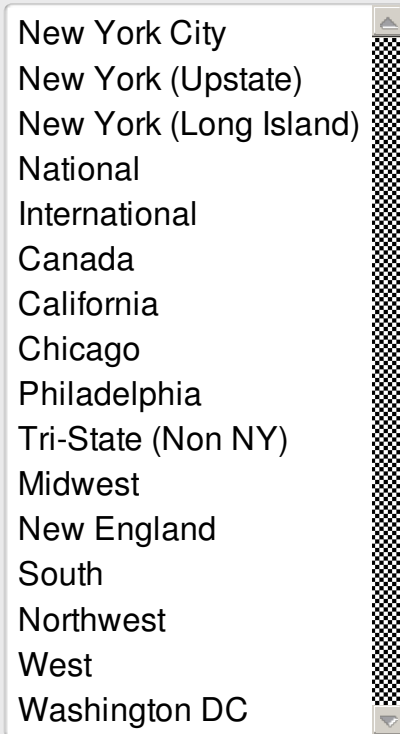
1. Name (Organization 1) *

2. What type of organization are you?

Government	▲
Nonprofit	■
Higher Education	■
Foundation	▼

3. Website (please type the entire address in this format
<http://www.seachangep.org>) *

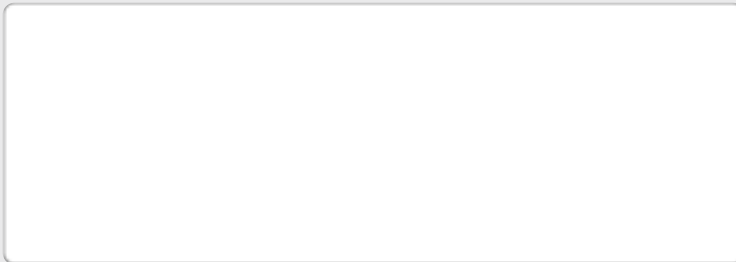
4. What is the principal service area of the organization? (e.g. Chicago, New York State, etc.)



A vertical scrollable list box with a white background and a grey border. The list contains 17 items: New York City, New York (Upstate), New York (Long Island), National, International, Canada, California, Chicago, Philadelphia, Tri-State (Non NY), Midwest, New England, South, Northwest, West, and Washington DC. The list is currently showing the first 17 items, with a scrollbar on the right side.

- New York City
- New York (Upstate)
- New York (Long Island)
- National
- International
- Canada
- California
- Chicago
- Philadelphia
- Tri-State (Non NY)
- Midwest
- New England
- South
- Northwest
- West
- Washington DC

5. Briefly describe the organization's mission and core programs/services.



A large, empty rectangular box with a white background and a thin grey border, intended for the user to describe the organization's mission and core programs/services.

6. Sector (Organization 1)

Advocacy
Anti-poverty & Social Welfare
Arts & Culture
Children & Youth
Civil Rights & Social Justice
Community Development & Housing
Diversity & Human Rights
Education
Environment
Families & Elders
Health & Mental Health
Philanthropy and Civic Engagement
Technology & Communications
Other

7. Operating budget (Organization 1) for the current fiscal year

8. Please describe the financial condition of Organization 1

Strong
Stable but facing long-run challenges
Weak
Don't know

9. Number of Staff (Full-time equivalents)

10. Please attach the most recent audited financials for Organization 1 (audited financials preferred over 990).

Browse...

11. Please attach the tax-exemption certificate for Organization 1:

Browse...

Organization 1 Contact Information

12. Contact Information (Organization 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)

Organization 2 Information

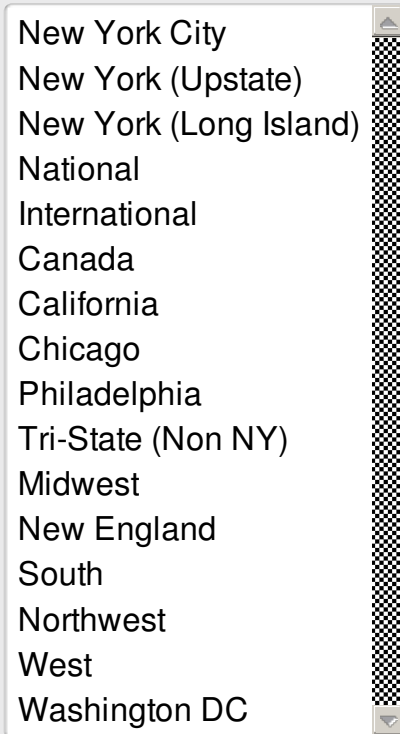
13. Name (Organization 2) *

14. What type of organization are you?

Government	▲
Nonprofit	■
Higher Education	■
Foundation	▼

15. Website (please type the entire address in this format
<http://www.seachangeap.org>) *

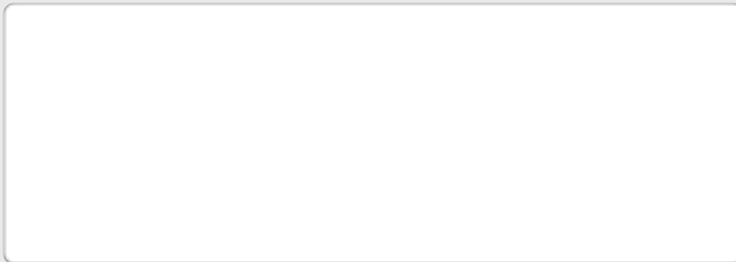
16. What is the principal service area of the organization? (e.g. Chicago, New York State, etc.)



A vertical scrollable list box with a white background and a grey border. The list contains the following options from top to bottom: New York City, New York (Upstate), New York (Long Island), National, International, Canada, California, Chicago, Philadelphia, Tri-State (Non NY), Midwest, New England, South, Northwest, West, and Washington DC. The list is currently showing the first 17 items, with a scroll bar on the right side.

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- New York (Long Island)
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- International
- Canada
- California
- Chicago
- Philadelphia
- Tri-State (Non NY)
- Midwest
- New England
- South
- Northwest
- West
- Washington DC

17. Briefly describe the organization's mission and core programs/services.



A large, empty rectangular box with a white background and a thin grey border, intended for the user to provide a brief description of the organization's mission and core programs/services.

18. Sector (Organization 2)

- Advocacy
- Anti-poverty & Social Welfare
- Arts & Culture
- Children & Youth
- Civil Rights & Social Justice
- Community Development & Housing
- Diversity & Human Rights
- Education
- Environment
- Families & Elders
- Health & Mental Health
- Philanthropy & Civic Engagement
- Technology & Communications
- Other

19. Operating budget (Organization 2) for the current fiscal year

20. Please describe the financial condition of Organization 2

- Strong
- Stable but facing long-run challenges
- Weak
- Don't know

21. Number of Staff (Full-time equivalents)

22. Please attach the most recent audited financials for Organization 2 (audited financials preferred over 990).

Browse...

23. Please attach tax-exemption certificate for Organization 2:

Browse...

Organization 2 Contact Information

24. Contact Information (Organization 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)

The Collaboration

25. What is the status of the collaboration?

Partner(s) not yet identified
Exploration/Discussion
Planning
Implementation
Completed

26. How do the organizations know each other?

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

27. If this survey is not being filled in by one of the contacts, please briefly let us know who you are and what role you play in the proposed collaboration.

28. What best describes the type of collaboration you are proposing?

- Merger
- Program
- Back Office
- Other - Please Specify

29. How long ago did the discussions begin?

Less than a month
1-3 months
3-6 months
6-12 months
12-24 months
24+ months
Don't know

30. Who first initiated the discussions?

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

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

Yes

No

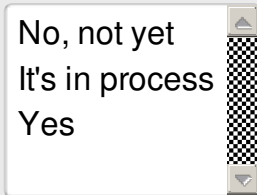
32. If a Memorandum of Understanding (MOU), Term Sheet, or other similar document has been signed by the organizations, please attach it:

Browse...

33. What are the principal benefits of the proposed collaboration?

34. What are the principal risks associated with the proposed collaboration?

35. Have you estimated the one-time costs associated with exploring and/or completing the collaboration?



A dropdown menu with three options: "No, not yet", "It's in process", and "Yes". The menu is open, showing the options. The background of the menu is white, and the text is black. The dropdown arrow is on the right side.

36. Please attach a spreadsheet/file with a breakdown of the estimated costs and note any which have already been paid.

Browse...

37. In addition to a possible grant from our fund, how do you expect that these costs will be covered?

- Funding from one or more of the participants
- New support from existing funders
- Support from new funders

38. Have other funders already been approached for support?

- Yes
- No

39. If yes, please provide a list of potential and committed funders and their amounts

40. Has a consultant/facilitator engaged in the process (or do you expect shortly to engage one)?

- Yes
- No

41. Please tell us which consultant you have retained (or expect to) and the rationale and process by which they were selected?

42. If you have signed (or soon expect to sign) an engagement letter with the consultant, please attach it.

Browse...

43. How did you hear about the SeaChange-Lodestar Fund for Nonprofit Collaboration?

Internet Search

Funder

Board Member

Referral by

Other - Please Specify

44. Please very briefly describe the potential collaboration and the current status of the process.

Additional Information

45. How long did it take you to complete this survey?

Less than 15 minutes

15 - 30 minutes

30 minutes to 1 hour

1 - 2 hours

More than 2 hours

Don't really know

46. Do you have any comments on how we might make this survey better?

47. Is there other information you'd like to share?