NSP | Nonprofit Support Program
HARTFORD FOUNDATION FOR PUBLIC GIVING

**STRATEGIC TECHNOLOGY PROGRAM
APPLICATION – Spring 2019**

Applications must be received by **March 22.** You will be notified of selection results by **March 29.** Applications, and required attachments, should be emailed to Amy Studwell at astudwell@hfpg.org.

Please respond to the following:

1. Name of Organization:

2. Address of Organization:

3. Executive Director/CEO:

Name:	
Title:	
Telephone #:	
Email Address:	

To comply with the Hartford Foundation's obligations as a registered lobbyist with the Connecticut Office of State Ethics, please select one of the following:

    I am a current Connecticut public official

    I am a current Connecticut state employee

    I am an immediate family member (spouse, child or dependent relative residing in the household) of a current Connecticut public official or state employee

    None of the above is applicable

4. The organization's mission and primary constituency:

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5. Geographic area served by the organization. Please indicate the percentage of services provided in the Hartford Foundation's 29-town region
    www.hfpg.org/about-us/our-role

    (**Note:** If the service % is below 50%, please contact us to discuss program eligibility prior to submitting this application.)

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6. Number of full-time and part-time staff:

7. Organization's annual budget:

8. Workshop series participants (maximum of 3) and contact info. Executive Director should be included unless other arrangements have been made (see program description for more information).

NOTE: As you select your workshop participants, consider that these people will form the basis of your technology planning team that will work on the plan throughout the program/process (for some organizations, those who attend the workshops may represent your *entire* tech planning team). Keep this in mind as you determine who should attend. We recommend reading the background article ***"Building a Strategic Technology Planning Team"*** to help inform your decision. Click here.

Workshop Participant #1: (If ED/CEO as listed above, check here ☐ and proceed to Workshop Participant #2.)

Name:	
Title:	
Telephone #:	
Email Address:	
Perspective this person brings to your tech planning team	

To comply with the Hartford Foundation's obligations as a registered lobbyist with the Connecticut Office of State Ethics, please select one of the following:

    I am a current Connecticut public official

    I am a current Connecticut state employee

    I am an immediate family member (spouse, child or dependent relative residing in the household) of a current Connecticut public official or state employee

    None of the above is applicable

Workshop Participant #2:

Name:	
Title:	
Telephone #:	
Email Address:	
Perspective this person brings to your tech planning team	

To comply with the Hartford Foundation's obligations as a registered lobbyist with the Connecticut Office of State Ethics, please select one of the following:

    I am a current Connecticut public official

    I am a current Connecticut state employee

    I am an immediate family member (spouse, child or dependent relative residing in the household) of a current Connecticut public official or state employee

    None of the above is applicable

Workshop Participant #3:

Name:	
Title:	
Telephone #:	
Email Address:	
Perspective this person brings to your tech planning team	

To comply with the Hartford Foundation's obligations as a registered lobbyist with the Connecticut Office of State Ethics, please select one of the following:

I am a current Connecticut public official

I am a current Connecticut state employee

I am an immediate family member (spouse, child or dependent relative residing in the household) of a current Connecticut public official or state employee
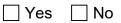
None of the above is applicable

9. How would improvements to your organization's use of technology help you better serve your clients and fulfill your mission?

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F€È This planning process requires that your organization consider its comprehensive technology needs and opportunities over the next 3 years. By checking the box below, you are indicating you understand the scope of this program.

☐ I understand I should not limit my technology plan to the portion that can potentially be fu}ded by HFPG, and that this will be a comprehensive look at the next 3 years.

FFÈ Are there specific organizational issues or projects facing your organization that you believe this program will help you to address? (Please be as specific as possible knowing that - at this stage - you might not have all the information you need).

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12. While a strategic consultant is provided to work with you for up to 6 months to help facilitate your group's movement through the technology planning process, his/her role is not to write the plan for your organization, but rather to serve in a faciliatory/advisory capacity. Checking the box below indicates you understand the role of the consultant.

    ☐ Yes, I understand.

13. Does your organization have an active strategic plan?

    ☐ Yes   ☐ No

    If yes, when was it adopted, where are you in the process, and what are its core elements?

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    If no, is there a clear vision that guides your organization? What are its important elements?

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☐ I understand that the team identified above is committed to attending both sessions of this training program in their entirety.

☐ understand that our technology plan is due by **09/30/19**.

Executive Director/CEO   *Date*

<u>Attachments or other elements to be submitted with your application:</u>

1. Most recent operating budget, with year-to-date actuals;

2. Audited financial statements for the most recent completed fiscal year. (If the audit is not yet complete, please submit internal financial statements for that period and include the most recent available audit);

3. Completed Demographic Data Report (attached).

4. Please complete the online survey about what technology tools and vendors you currently use. The survey is available at: https://www.surveymonkey.com/r/722TCW6

<u>Please email your application and attachments to</u>:

Amy Studwell at <u>astudwell@hfpg.org</u> by March 22, 2019.

If you have any questions, please contact Amy Studwell at 860-548-1888 x 1040 or astudwell@hfpg.org

Thank you!

NSP

Demographic Data Report

Organization Name:

	GRAND TOTAL	TOTAL- Gender			African American/Black/ Caribbean	Asian	Caucasian	Latino(a)/ Hispanic	Native American	Other (describe below)*
		Female	Male	Other*						
Board										
Staff Management										
Program Staff										
Support Staff										
Participants in organization programming										

*You may provide further explanation about the composition of your board staff and participants that relates to your mission and proposal, if applicable: