

**BOARD LEADERSHIP PROGRAM  
APPLICATION**

***To be considered for this program, your completed application must be received by August 27 at 5:00 p.m.. You will be notified of the selection results by September 9.***

**Please respond to the following:**

1. Name and Address of Organization:

2. Executive Director/CEO:

Name:			
Title:			
Email Address:		Phone#:	

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

3. Organization’s mission and primary services:

4. Size of organization’s annual operating budget:

5. Please list the key issues you wish to address through this program, and describe why you believe this program will benefit your organization:

6. Workshop series participants and contact information:

*Note: The CEO/Executive Director identified above is Workshop Participant #1.*

Workshop Participant #2 (Board Chair or Chair-elect):

Name:			
Title:			
Email Address:		Phone#:	

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 (Board Member):

Name:			
Title:			
Email Address:		Phone#:	

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 #4 (Board Member):

Name:			
Title:			
Email Address:		Phone#:	

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 #5 (Development Director - OPTIONAL):

Name:			
Title:			
Email Address:		Phone#:	

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

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

*Executive Director/CEO*

*Date:*

**Additional information to be submitted with your application:**

- E-mails from all those participating in the program, indicating a commitment to attend both required workshop sessions in their entirety.
- Completed Demographic Data Report (enclosed)

**Please e-mail your application and attachments to:**

Meher Shulman, [mshulman@hfpq.org](mailto:mshulman@hfpq.org) by August 27 at 5:00 p.m.  
*If you have any questions, please contact Meher at [mshulman@hfpq.org](mailto:mshulman@hfpq.org) or (860) 548-1888 x1047.*

Thank you!



Demographic Data Report

Organization Name:

	GRAND TOTAL	TOTAL Females & Males		African American Black/Caribbean American		Asian American		Caucasian		Latino(a)/Hispanic		Native American		Other (describe below)*	
		F	M	F	M	F	M	F	M	F	M	F	M	F	M
Board															
Staff Management															
Program Staff															
Support Staff															
Clients served in last full program year															
Volunteers															

F = Female M = Male

**Please provide further explanation for people reported under "Other":**

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**Please provide any further demographic information about your board, staff, and clients that you deem appropriate (e.g., people with disabilities):**