



## **CAPACITY BUILDING INITIATIVE (CBI)**

*To encourage, strengthen, and develop leadership for the spiritual and social renewal of the city*

The Knoxville Leadership Foundation's Center for Communities assists individuals and emerging organizations to develop the capacity to address community needs.

**Please submit original completed application:**

Knoxville Leadership Foundation  
Attn: Center for Communities  
901 E. Summit Hill Drive, Suite 300  
Knoxville, TN 37915  
or electronically to [questions@klf.org](mailto:questions@klf.org)

**FOR MORE INFORMATION, Please CALL: (865) 524-2774.**



Organization \_\_\_\_\_ Date \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

What is your mission and goals? (*What you do & why do you do it.*)

**Describe your strategy/specific program ideas for achieving your mission.**  
(*Through what activities are you planning on serving your community?*)

**Select the target community/population(s) served by your organization.**

- |   |   |
|---|---|
| <input type="checkbox"/> At-Risk Youth                | <input type="checkbox"/> Prisoner Re-Entry          |
| <input type="checkbox"/> Homeless                     | <input type="checkbox"/> Unemployed/Welfare-To-Work |
| <input type="checkbox"/> Elderly                      | <input type="checkbox"/> Children of Prisoners      |
| <input type="checkbox"/> Chemically Dependent Persons | <input type="checkbox"/> Healthy Marriage           |



**What specific need of this target community/population is addressed by your organization's programming?**

**Do you classify your organization as a: (Please check only one)**

Faith-based

**-OR-**

Community-based

**If you are a religious institution, do you have separate 501(c)(3) status for your social service program(s)?**

Yes

No

**How does your vision differ from similar programs existing in the community you serve? (*Describe your community needs assessment or asset mapping process.*)**

**Describe the support in the community for your Organization's program(s).**  
*(Describe current collaborative/partnering efforts and list past and current partners.)*

**Describe how your organization will dedicate staff/volunteers/board to participating in the Center for Communities?**





**7. What is the single greatest issue/concern your Organization is facing?  
Please check three (3) of the most critical areas of technical assistance needed:**

<b>Organizational Structure</b>	(√)	<b>Resource (Fund) Development</b>	(√)
Bylaws		Grant Proposal Template	
Articles of Incorporation		Diversified Funding Base	
Nonprofit Status (501c3)		Mail Appeals	
Mission & Vision Statements		Donor Database	
Strategic Plan		Donor Tracking & Reporting	
Program Evaluation System		Face-to-Face Solicitation	
OTHER: (specify)		Special Events	
<b>Board Development</b>		<b>Financial Management</b>	
Member Selection Criteria		Budgeting & Financial Statements	
Board Recruitment		Fiscal Controls	
Meeting & Attendance Issues			
Fundraising Participation		<b>Staffing/Human Resources</b>	
Director Evaluation		Paid Director	
Board Evaluation		Paid Staff	
Officers and Committees		Job Descriptions	
Advisory Board		Personnel/Volunteer Manual	
		Volunteers	

**Describe your need for training and technical assistance in capacity building.  
(Please provide detail especially on how it will help the organization.)**

### **REQUIRED ATTACHMENTS**

**Please provide the following attachments with the original completed application (1 set):**

- 1. Marketing materials (brochure, fact sheet, annual report/newsletter, press kit, flyer)**
- 2. List of the organization's board of directors (or advisory council), including names, occupations, and community affiliations**
- 3. Documentation in support of information requested on page 4 of this application**