

ARC *READY Nonprofits* Training Program Application

Please complete and submit this application for consideration as a participant in the Appalachian Regional Commission (ARC) *READY Nonprofits* Training Program.

The deadline to submit this application is February 28, 2025 (5:00 p.m. ET).

Instructions

Please share information about your nonprofit organization so that we may better understand your level of experience and capacity. The purpose of *READY Nonprofits* is to help underserved and low-capacity nonprofits develop management and organizational capacity-building skills.

Navigating the Application: Once you begin the application, you will be able to navigate forward and backward through the questions using the “Back” and “Save and Next Page” navigational buttons at the bottom of each page.

Save and Continue Later: You will be able to save your work and continue at a later time by clicking the “Save and Continue Later” button at the bottom of each page. The application portal will prompt you to enter your email address and click “Send Link”. The portal will then send you an email with a link to access and finish the application later.

Resources: The bottom toolbar includes links to the NOSA, FAQs, Support Email, and a PDF of this application.

The PDF application linked below is only to be used as a resource. Applications must be completed and submitted within this portal. **Faxed, mailed, or emailed applications will not be accepted.**

The application must be completed prior to the deadline of **February 28, 2025 (5:00 p.m. ET)** for the application to be considered. All fields with an asterisk (*) are required, and incomplete applications will not be accepted. Only **one application per organization** may be submitted.

If you have any questions related to the *READY Nonprofits* Training Program or need technical assistance, please review the NOSA, FAQs, or contact the *READY Nonprofits* help desk at READY@yourstrategicconsultant.com.

Eligibility Quiz

To help assess your organization's eligibility for the ARC *READY Nonprofits* Training Program, please first submit your answers to the following questions:

1. Is your organization a public or private nonprofit organization or association?
2. Does your nonprofit serve communities within the [ARC geographic footprint](#)?
3. Major hospital systems and institutions of higher education are NOT eligible to apply. Is your nonprofit organization a major hospital system or an institution of higher education?
4. Local development districts, local governments, and community foundations are NOT eligible to apply. Is your nonprofit organization a local development district, local government, or community foundation?
5. The training program consists of seven weeks of virtual training and coursework, alongside a cohort of other nonprofits. The total time commitment for the training program is estimated to be 20 hours. (See the NOSA for more information.) Will your organization commit to participating in the entirety of the program?

Organizational Information

6. Name of organization.
7. Name of the organization's Executive Director.
8. Address of organization.
9. County, State where your organization is located.
10. Does your organization have a website?
11. If yes, please provide the website address.
12. Tax ID Number.
13. Is your organization an affiliate or chapter of a parent organization?
14. If yes, please name the parent organization.
15. What year was your nonprofit organization established?
16. Total number of full-time employees.
17. Total number of part-time employees.
18. Total number of volunteers.
19. Total number of board members.
20. Estimated total operational budget for the current fiscal year.
21. What are your organization's revenue sources? Please check all that apply.

- Federal Government Grants
- State or Local Government Grants
- Public Foundations
- Private Foundations
- Individual Donations
- Corporate/Business
- Event Revenue
- Community/Civic/Faith-based Non-Profits
- Other

22. What percentage of your funding comes from the following sources? (Total amounts entered below can be estimates but must add up to 100%.)

- Federal Government Grants
- State or Local Government Grants
- Public Foundations
- Private Foundations
- Individual Donations
- Corporate/Business
- Event Revenue
- Community/Civic/Faith-based Non-Profits
- Other

Mission Impact

23. Please share your organization's Mission Statement. If no Mission Statement exists, please enter "No mission statement".

24. Please share your organization's Vision Statement. If no Vision Statement exists, please enter "No vision statement".

25. Tell us about how you put your mission into action. Please share the services you offer.

26. Tell us about your community and who your organization serves.

27. Does your organizational mission focus on serving historically underserved populations? If yes, please explain. If not applicable, please enter, "NA".

28. Do the services and activities provided by your organization align with one or more of [ARC's established investment priorities](#)? Please check all that apply. Please briefly explain how your organization aligns with the investment priority(s). If not applicable, please enter, "NA".

- **Goal 1:** Building Appalachian Businesses: Strengthen and diversify the region's economy through inclusive economic development strategies and investments in entrepreneurship and business development.
- **Goal 2:** Building Appalachia's Workforce Ecosystem: Expand and strengthen community

systems (education, healthcare, housing, childcare, and others) that help Appalachians obtain a job, stay on the job, and advance along a financially sustaining career pathway.

- **Goal 3:** Building Appalachia's Infrastructure: Ensure that the residents and businesses of Appalachia have access to reliable, affordable, resilient, and energy efficient utilities and infrastructure in order to successfully live and work in the region.
- **Goal 4:** Building Regional Culture and Tourism: Strengthen Appalachia's community and economic development potential by preserving and investing in the Region's local cultural heritage and natural assets.
- **Goal 5:** Building Community Leaders and Capacity: Invest in the capacity of local leaders, organizations, and communities to address local challenges by providing technical assistance and support to access resources, engage partners, identify strategies and tactics, and conduct effective planning and project execution.
- **No**

29. Does your organization currently track impact or performance measures?

30. If yes, please briefly explain your system for tracking impact or performance measures.

31. If yes, please briefly share your impact or performance measures from last fiscal year (e.g., 100 Businesses Served, 2 Communities Served, 50 Participants Served).

32. Does your organization serve the Appalachian Region?

33. If yes, what states and counties do you currently serve? (Select all that apply).

34. In which ways, if any, has your organization worked with the Appalachian Regional Commission (ARC) in the past? Please check all that apply.

- Applied for grant funding
- Received grant funding
- Attended a workshop/online seminar
- Served as a partner on a grant
- Previous participant of READY Appalachia
- I'm not familiar with ARC
- Other

35. If other, please describe.

Organizational Needs Assessment

36. Does your organization have a current strategic plan?

37. If yes, when was it last updated?

38. Does your organization have an emergency succession plan for unexpected staff turnover?

39. If yes, how often is it reviewed and updated?

40. Does your organization have a succession plan in place?

41. If yes, how often is it reviewed?

42. Does your organization have an Employee Handbook?

43. Using a scale of 1 – 10, with 10 being the highest, how functional is your organization's board of directors? Please explain your rating with a specific example.

44. Does your organization's board have an active Finance Committee?

45. If yes, what functions does the committee fulfill for your organization? Please check all that apply.

- Audit Committee
- Budget Preparation
- Budget Revisions
- Fiscal Reporting
- Fiscal Oversight
- Other

46. Does your organization have a current fiscal year operating budget in place?

47. If no, please explain.

48. Approximately what % of the board gives financially to your organization?

49. Please list all communication methods your organization uses to communicate its mission and needs to stakeholders and how often these communications occur. (e.g., quarterly electronic newsletters, weekly email updates, annual reports, etc.)

50. How does your organization decide to add or delete programs or services? Please explain.

51. Please identify any factors external to your organization that impact your capacity (e.g., local or geographic factors).

52. Please rate your organization's skill level in the following topics using the terms No Prior Experience, Beginner, Proficient, or Expert.

- Board Development
- Financial Management
- Fundraising
- Marketing/Communications
- Programs/Operations
- Human Capital (Human Resources)
- Grant Writing and Management
- Strategic Planning

53. Please identify from the list your top two topic areas that you would like to pursue through this program. Select two different priorities. These priorities will be used to determine course placement in the training program.

- Board Development
- Financial Management
- Fundraising
- Marketing/Communications
- Programs/Operations
- Human Capital (Human Resources)
- Grant Writing and Management
- Strategic Planning

Priority #1:

Priority #2:

54. Please explain how your preferred courses will help your organization further its goals.

55. What three capacity challenges are getting in the way of fulfilling your organization's mission?

- Capacity Challenge 1:
- Capacity Challenge 2:
- Capacity Challenge 3:

56. What specific skills, knowledge, or abilities do you hope this training program will address for your organization?

57. In what ways do you see participation in this program equipping your organization to address the capacity challenges identified earlier in the application?

58. Please share any additional factors that impact your organization's capacity that have not yet been identified through the application. If not applicable, please enter, "NA".

Participant Information

The READY Nonprofits Training Program is scheduled for June 23, 2025, to September 23, 2025.

59. What days and times of the week are both participants within your organization **AVAILABLE** to attend a two-hour virtual class? Please check all **AVAILABLE** days and times.

- Monday (8:00 a.m. to 12:00 p.m. ET)
- Tuesday (8:00 a.m. to 12:00 p.m. ET)
- Wednesday (8:00 a.m. to 12:00 p.m. ET)
- Thursday (8:00 a.m. to 12:00 p.m. ET)
- Friday (8:00 a.m. to 12:00 p.m. ET)
- Monday (1:00 p.m. to 5:00 p.m. ET)
- Tuesday (1:00 p.m. to 5:00 p.m. ET)
- Wednesday (1:00 p.m. to 5:00 p.m. ET)
- Thursday (1:00 p.m. to 5:00 p.m. ET)
- Friday (1:00 p.m. to 5:00 p.m. ET)

*Final cohort schedule will be determined based on instructor availability and courses selected

**Availability shared does not preclude participation or impact eligibility in the training program

60. Primary Participant Information (Executive director or equivalent)

- Organizational Position Title.
- First Name.
- Last Name.
- E-mail address.
- Phone number.
- Years of experience with your nonprofit organization.
- Years of experience in the nonprofit field.
- Is the primary participant a paid employee or volunteer/board member?

61. Secondary Participant Information

Please provide details on why this participant is being selected to participate in the *READY Nonprofits* Training Program. Please include how his/her participation will support your organization's capacity-building goals as outlined in the application.

- Organizational Position Title.
- First Name.
- Last Name.
- E-mail address.
- Phone number.
- Years of experience with your nonprofit organization.
- Years of experience in the nonprofit field.
- Is the secondary participant a paid employee or volunteer/board member?

Signature and Agreement

By selecting yes, you are verifying the accuracy of the application information to the best of your knowledge. If selected to participate in the *READY Nonprofits* Training Program, the organization agrees to participate in assessment activities including but not limited to follow-up surveys to determine program impact.

Yes, I agree.

Name of Person submitting the application.

Email address.

Position.

Date.