



Thank you for your interest in participating in DANA's 2024-2027 Nonprofit Accelerator. We ask the Executive Director/CEO to complete this application as there are some questions that only they could answer. Your responses will remain confidential and will only be shared with the DANA team who will conduct interviews and the panel who will select the final participants. If you have questions, please don't hesitate to reach out to Daniel Davis at ddavis@delawarenonprofit.org. To complete and submit this application, you will need to upload four things:

1. An affirmation of your community impact. This can be a PDF letter or a video from a beneficiary, partner, or donor which can speak to the quality and helpfulness of your agency's work.
2. A list of your board members, their terms, board role, and their professional affiliation.
3. A copy of the board minutes where the board voted to pursue the program. Here is a sample Board Resolution Template. If your board is not scheduled to meet before the application deadline of 7/31/2024, please email Daniel Davis.
4. The Executive Director's biography and/or resume. In addition, you will need to answer some questions about the population your organization serves. To save your application and return it at any time, please scroll to the bottom of the page and select "Save & Continue Later."

Organization Name

Last Name

First Name

Email Address

Phone Number

Address

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Address

City

State

Zip Code

Website URL

Are you the Executive Director?

1. Yes
2. No

Approximately How many people did you serve in your last fiscal year?

Please describe the population you serve and how your agency uniquely supports this population.

What type of service(s) does your organization provide?

Please select the geographic area(s) that best describe where your organization's primary work takes place (choose one):

- | | |
|----------------------|----------------------------|
| 1. Kent County | 6. Multi-County |
| 2. Dover Only | 7. Delaware Statewide |
| 3. New Castle County | 8. Multi-State or National |
| 4. Wilmington Only | 9. Virtual |
| 5. Sussex County | 10. Other _____ |

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What were your total expenses for your organization for your last fiscal year, exclusive of costs related to capital expenses?

Please indicate the number of individuals that help you complete your work:

	Text Input
Number full-time employees	
Number part-time employees	
Number of contracted individuals	
Number of students/public allies	
Number of elected board members	
Number of active volunteers	

A part of this program is to strengthen your internal systems and processes. Please let us know who (if anyone) is helping you with the following. :

	Executive Director	Other Staff	Volunteer	Contractor	Business Firm	No one	N/A
Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Reports and Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software and Cybersecurity Oversight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance & Compliance Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resources – Benefits/Handbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resources – Job functions Professional Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donor Database Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising Strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Website Management & Updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Media Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Policy/Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your board meet regularly according to the organization’s bylaws?

1. Not sure
2. No
3. Yes

What is your vision for your organization's work?

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What current trends and emerging issues will impact your organization's work in the next 3-5 years, either positively or negatively?

What organizational goals do you hope to achieve in 3-5 years (what does success look like)?

In what way do you envision participation in DANA's Nonprofit Accelerator will help your organization in reaching those goals?

The program is designed to strengthen both the leadership and organizational capacity of the nonprofit. As a learning cohort, the Executives of each organization will share their experiences and learn from each other. So, we would like to learn a little more about you.

What is a professional challenge that you are currently facing?

What is a unique skill, perspective, or strength that you would bring to the Accelerator Cohort?

The following questions help us understand the diversity of the leadership applying for this program and will not be used to determine eligibility. Responses to the following questions are optional.

OPTIONAL: Please indicate which race/ethnicity you publicly self-identify as:

1. Arab/Iranian/Middle Eastern/Persian
2. Asian American, Pacific Islander/Asian
3. Black/African American/African
4. Hispanic/Latino/Latina/Latinx
5. Indigenous/Native American/American Indian
6. White/Caucasian/European
7. Multi-Racial/Multi-Ethnic
8. Other
9. Prefer not to state

OPTIONAL: Please indicate your age using the categories below:

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65-74
7. 75+
8. Prefer not to state

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OPTIONAL: Please indicate the disability status you publicly self-identify as:

1. Person with a disability
2. Person without a disability
3. My disability status is different than listed above: (please define)
4. Prefer not to state

OPTIONAL: Please indicate the gender identity you publicly self-identify as. (Cisgender is defined as your gender identity and expression matches the gender assigned at birth and Transgender is defined as your gender identity and expression is different than the gender assigned at birth).

1. Cisgender Female
2. Cisgender Male
3. Transgender
4. Nonbinary/Gender Nonconforming
5. Prefer not to state
6. Other _____

OPTIONAL: Please indicate the sexual orientation you publicly self-identify as:

1. Gay, Lesbian, Bisexual, or other sexual orientation in the LGBTQIA+; community.
2. Heterosexual/Straight
3. Prefer not to state
4. My sexual orientation is defined differently than listed above (please define) _____

Affirmations

I am aware the DANA Nonprofit Accelerator is a three-year program and may require up to ten hours monthly of our time. This commitment is outside of any time spent utilizing DANA's technical assistance or operational support.

1. I agree
2. I don't agree

Once selected to participate, nonprofit organizations will need to submit a non-refundable deposit of \$1000 to secure their spot. The comprehensive organizational assessment, which we will conduct upon program acceptance will determine the suitable Accelerator Pathway for each organization.

A memorandum of understanding will be created outlining the Nonprofit's pathway, their financial commitment, and the goals it seeks for the program. For the Catalyst pathway, there will be a fee of \$8,000 for each of the initial two years, followed by a reduced fee of \$6,000 for the third year. Alternatively, the Booster pathway entails a fee of \$5,000 for the first two years and a reduced fee of \$3,000 for the third year. After the assessment is completed and the development pathway is chosen, a convenient payment plan will be arranged for the remaining balance of the first year's fee. The first payment installment is expected upon signing the Accelerator memorandum of understanding.

1. I agree to the terms above
2. I don't agree to the terms above

If accepted, the Executive Director and a designate from my organization's board of directors agree to attend the program orientation meeting in September.

1. I agree
2. I don't agree