



**THE 2009 HARRY AND JEANETTE
WEINBERG FELLOWS PROGRAM**

Funded by
The Harry and Jeanette Weinberg Foundation, Incorporated

APPLICATION INFORMATION

Schaefer Center for Public Policy
University of Baltimore
1420 N. Charles Street
Baltimore, MD 21201
410-837-6188
www.weinbergfellows.org

Application Information

The 2009 Harry and Jeanette Weinberg Fellows Program

ELIGIBILITY

Please answer the following four questions to determine whether you are eligible to apply to the Weinberg Fellows Program. If there are *any* "no" replies, we appreciate and thank you for your interest, but you are not eligible for The Harry and Jeanette Weinberg Fellows Program at this time. If your answer to all four questions is "yes," we welcome your application.

- Are you the Executive Director or top staff person of your non-profit organization?
- Is the major purpose of your agency to serve disadvantaged Maryland residents?
- Is your organization currently designated 501(c)(3) by the Internal Revenue Service?
- Are you able to fully participate in *all* of the sessions listed in the schedule which follows?

SCHEDULE

Program participants are required to attend **all of the following sessions**:

If you already know that you cannot attend sessions on any of these dates, please defer your application to a subsequent year.

Session I: Four-night/four-day residential session
March 2, 2009 - 2:00 p.m. through March 6, 2009 - 5:00 p.m.

Session II: Four-night/four-day residential session
May 4, 2009 - 2:00 p.m. through May 8, 2009 - 5:00 p.m.

Session III: Three-night/three-day residential session
July 14, 2009 – 12:00 noon through July 17, 2009 - 5:00 p.m.

Session IV: Four-night/four-day residential session
October 5, 2009 - 2:00 p.m. through October 9, 2009 - 5:00 p.m.

An additional one-day activity is tentatively scheduled for April 2009.

APPLICATION – Due to the Schaefer Center by NOVEMBER 7, 2008

Your complete application package will include following items:

- (1) Complete application **signed by you and your organization's Board President**;
- (2) a copy of your organization's 501(c)(3) determination letter from the Internal Revenue Service;
- (3) your most recent resume;
- (4) two copies of your organization's latest annual report (Form 990 or financial statements may be substituted if an annual report is not available); and
- (5) a list of your agency's board of directors and officers (please note when the terms expire for the Board President, Board Treasurer, and Board member responsible for resource development, if any).

Full Name: _____

Name for name tag: _____

Title: _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____

Agency Web Site: _____ **No web site** _____

About your agency...

1. What is your organization's mission statement, as approved by the Board of Directors? _____

2a. Approximately what percent of your agency's work is direct service to people in need in the Baltimore metropolitan area? _____

2b. If the majority of your organization's work is NOT focused on direct service to disadvantaged individuals, please briefly explain how the efforts of your agency benefit that population.

3a. Please select the three most significant categories of people served by your agency:

C ___	Community	FD ___	Financially disadvantaged
CI ___	Individuals with chronic illness	HS ___	People who are homeless
DI ___	Individuals with disabilities	MH ___	People with mental illness
DV ___	Individuals who have been abused	S ___	Seniors
DR ___	Individuals struggling with addiction	Y ___	Youth
F ___	Families		
___	Other (_____)	___	Other(_____)
___	Other (_____)	___	Other(_____)

3b. Please select the three most significant program or services provided by your agency:

A ___	Advocacy	HS ___	Homeless services
AS ___	After school programs	J ___	Job training/self sufficiency
C ___	Community development	LG ___	Legal services
DV ___	Domestic violence (assistance)	LT ___	Literacy/tutoring
DR ___	Drug intervention	MH ___	Mental health services
E ___	Education	M ___	Mentoring
FC ___	Family services	R ___	Residential programs
FD ___	Food programs	S ___	Emergency assistance
HE ___	Health care services	TA ___	Technical assistance for other agencies
HO ___	Housing development/services	Y ___	Youth programs
___	Other (_____)	___	Other(_____)
___	Other (_____)	___	Other(_____)

3c. What specific services or programs does your organization provide to disadvantaged individuals, and how many people are served annually by each of those services or programs?

3d. How many people are served annually by your agency (all programs combined):

Baltimore metropolitan area	_____
Other areas	_____
Total	_____

4. What year was your organization incorporated? _____

5. How many full-time staff members are there, including yourself? _____ Part-time? _____

6. How many active program volunteers assist your organization? _____

7. What is the organization's annual operating budget? _____

8. Please describe any special circumstances at present (Capital campaign, merger, lawsuit etc.).

About you...

9. How long have you been in the field of human services? _____ years

10. How long have you been an Executive Director? _____ years

11. Is this your first position as an Executive Director? Yes/No

12. How long have you held your present position? _____ years

13. Please describe your long-term career goals. _____

14. What skills and knowledge do you think you most need to acquire in order to lead your organization more effectively? _____

15. What skills, knowledge, or special gifts would you bring to the program that could benefit others?

16. How do you think your participation in this program could result in direct benefits to those whom your organization serves? _____

17. What are the key issues facing non-profit leaders in the Baltimore area?

18. Please name a major challenge that you are facing as an executive director and how you plan to address it.

19. How can the leaders of non-profit organizations in the Baltimore area work together to assist disadvantaged individuals in improving their lives?

20. If you wish, please provide other information you think will support your application or assist in the application process. _____

21. Please provide information for the following board members who will be requested to attend specific sessions of The Weinberg Fellows Program.

Board President

Name	
Address	
City	
State	
Zip	
Phone Number	
Email	
Date Term Expires	

22. If your board President's term expires prior to August 30, 2009, please provide the following contact information about his or her successor, if known.

Board President - Elect

Name	
Address	
City	
State	
Zip	
Phone Number	
Email	
Date Term Expires	

23. Board Treasurer

Name	
Address	
City	
State	
Zip	
Phone Number	
Email	
Date Term Expires	

24. If your board Treasurer’s term expires prior to August 30, 2009, please provide the following contact information about his or her successor, if known.

Board Treasurer - Elect

Name	
Address	
City	
State	
Zip	
Phone Number	
Email	
Date Term Expires	

25. Board Member responsible for resource development

Name	
Address	
City	
State	
Zip	
Phone Number	
Email	
Date Term Expires	

26. If the term of the board member responsible for Resource Development expires prior to August 30, 2009 please provide the following contact information about his or her successor, if known.

Board Member Resource Development - Elect

Name	
Address	
City	
State	
Zip	
Phone Number	
Email	
Date Term Expires	

Please provide two references:

Name _____ Phone _____

Affiliation _____

Relationship to you or your organization _____

Name _____ Phone _____

Affiliation _____

Relationship to you or your organization _____

Statement to be Signed by the Applicant

I am the Executive Director or top staff person of a non-profit organization which is currently designated 501(c)(3) by the Internal Revenue Service, and whose major purpose is to serve disadvantaged Maryland residents. If I am selected, I commit myself to fully participate in The 2009 Baltimore Harry and Jeanette Weinberg Fellows Program and all of its learning sessions. I understand that I cannot graduate or be certified as a Weinberg Fellow if I miss more than two topic areas for any reason. Recognizing that the Weinberg Foundation is investing more than \$5,000 for each participant, I agree to provide some form of service to the nonprofit sector for at least two years after completing the program, and to devote a reasonable amount of time to mentoring another Executive Director if requested. I will personally invest a registration fee of \$100, and my organization has agreed to invest a registration fee of \$500. (An invoice will be mailed after acceptance into the Program.)

Signature of Applicant _____ **Date** _____**Statement to be Signed by the Board President on Behalf of the Board**

We fully support our Executive Director's decision to apply for this professional development opportunity. Recognizing that the Weinberg Foundation is investing more than \$5,000 in each Fellow, we agree to:

- (1) Grant our Executive Director time to attend all sessions and events as specified elsewhere on this form and to mentor another Executive Director if required;
- (2) Pay the \$500 organization portion of the fee as an organizational development expense.

I, as Board President (or another member of our Executive Committee, in my absence), will participate in two sessions, including one day during the May retreat and closing sessions and graduation on **October 9, 2009**. I also agree to designate appropriate board members to attend role-specific sessions on fundraising and financial management.

Signature of Board President _____ **Date** _____**Print Name** _____ **Term Expires** _____

Company _____

Address _____

NOTE: *Limited partial scholarships will be available to those agencies unable to participate without such assistance. If this applies to you, please attach a short statement explaining the circumstances, as well as a copy of your organization's most recent Form 990, budget, and financial statements.*