



Lake County's Community Foundation

ENDOW LAKE COUNTY PROGRAM APPLICATION

The Legacy Foundation is pleased to support organizations that create innovative, effective and sustainable programs in the region. Legacy Foundation partners with nonprofit organizations that:

- COMMIT** to build and strengthen their organization's capacity
- MEASURE** and evaluate their outcomes, showing evidence of effectiveness
- DEMONSTRATE** high levels of leadership and competence among staff members and board members

OUR COMMITMENT:

Legacy Foundation brings proven organizational tools, planning processes, and endowment building expertise and experience to its nonprofit partner organizations.

THE NONPROFIT COMMITMENT:

Organization Name: _____

Person who will be responsible for working with the Legacy Foundation:

Name and Title: _____

Phone Number: _____ E-mail Address: _____

Mailing Address: _____

NONPROFIT CHECKLIST:

<input type="checkbox"/>	Our Board of Directors has written a letter of application.
<input type="checkbox"/>	Our Board of Directors has passed a resolution of commitment to Endowment Building.
<input type="checkbox"/>	All members of our board have made a financial gift or pledge for a gift to the endowment.
<input type="checkbox"/>	A minimum of five board members and/or volunteers have committed to participate in the endowment building program and lead the efforts.
<input type="checkbox"/>	We will commit ____ hours per month to endowment building.
<input type="checkbox"/>	Our Board has discussed a timeline.
<input type="checkbox"/>	Our Board has discussed a goal for endowment building.
<input type="checkbox"/>	Our Board has agreed to pay the required program fees.
<input type="checkbox"/>	List of board member names and contact information, including phone, e-mail and mailing address, has been attached to application.

Level of Support Requested (Level 2 or 3): _____