



**THE 2011 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  
LAP Building, 5th Floor  
Baltimore, MD 21201  
410-837-6188  
[www.weinbergfellows.org](http://www.weinbergfellows.org)

## **Application Information**

### **The 2011 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?
- Have you been and executive director for at least one year?
- 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?
- Is your organization at least three years old?
- 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  
**Monday, March 21, 2011 - 12:00 noon through Friday, March 25, 2011 - 5:00p.m.**
- Session II: Four-night/four-day residential session  
**Monday, May 16, 2011 - 12:00 noon through Friday, May 20, 2011 - 5:00p.m.**
- Session III: Resource Development Day  
**Wednesday, July 13, 2011 – 8:00a.m. - 4:00p.m.**
- Session IV: Four-night/four-day residential session  
**Monday, September 19, 2010 - 12:00 noon through Friday, September 23, 2011 - 5:00p.m.**

**APPLICATION** – Due to the Schaefer Center by NOVEMBER 5, 2010

Your complete application package will include the 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) one copy 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 Maryland? \_\_\_\_\_

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:**

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

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

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

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

Within Maryland	_____
Outside of Maryland	_____
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.).

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***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. \_\_\_\_\_

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

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

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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 Maryland?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Maryland 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. Have you attended any leadership development programs in the last five years?  
 Yes  No

22. If yes, please list

_____ Program	_____ Year
_____ Program	_____ Year
_____ Program	_____ Year
_____ Program	_____ Year

23. 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	

24. If your board President's term expires prior to March 21, 2011, 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	

25. Board Treasurer

Name	
Address	
City	
State	
Zip	
Phone Number	
Email	
Date Term Expires	

26. If your board Treasurer’s term expires prior to September 19, 2011, 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	

27. Board Member responsible for resource development

Name	
Address	
City	
State	
Zip	
Phone Number	
Email	
Date Term Expires	

28. If the term of the board member responsible for Resource Development expires prior to July 14, 2010 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 2011 Maryland 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 the closing sessions/graduation day on **September 23, 2011**. 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.*