



eleazar partnerships

*“A thriving network of Christian leaders
communicating and facilitating a practical vision
for asset-based community transformation”*

Application for Developing Partnership

Organization Name: _____ **Contact Person:** _____

Address: _____ **Email:** _____

_____ **Website:** _____

Office Phone: _____ **Cell Phone:** _____ **Fax:** _____

Organizational Development:

Do you have 501c3 status? Yes No

Are you a Christian organization? Yes No

What year was your organization established?

What is the purpose/mission of your organization?

Which best describes your current organizational development level?

____ Low-loosely defined organizational structure with little or no written policies

____ Moderate-defined organizational structure with basic written policies

____ High-clearly defined organizational structure with comprehensive written policies

Which areas would you like to receive technical assistance training and coaching. Please rank the topics below. Use 1-5 with 1 being the highest interest:

____ Organizational Development ____ Leadership Development ____ ABCD Training ____ Fund Development/Diversified Funding

____ Volunteer Mobilization/Management ____ Strategic Planning ____ Grant Writing ____ Public/Government Relations

____ Outcome Evaluations ____ Board Development ____ Program Development ____ Group Facilitation Methods ____ Technology

Neighborhoods you are working with or plan to work with:

Neighborhood Name:	City Location:	Currently working with residents? Y/N	North Boundary: (Street Name)	South Boundary: (Street Name)	East Boundary: (Street Name)	West Boundary: (Street Name)

Neighborhood driven program descriptions: Use back of application if additional space is needed

(These are programs that were started as a result of facilitating neighborhood meetings and involving residents in the process of change)

Program Name	Description	# Participants	# Volunteers	Partners in the Effort

Are you currently hosting and/or facilitating neighborhood meetings? Yes No
What are some of the results of those meetings?
Have you done any asset-mapping of the neighborhood? Yes No
If yes, what have you discovered?
Do you and/or your staff live within the neighborhood you are working with? Yes No
Have any members of the local church and/or your staff made a decision to relocate and live within the neighborhood you are working with? If yes, please share the story.
What local churches are working with you in the neighborhoods? What is their role?
Are there identified leaders from within the neighborhood? How many?

Have you hosted/facilitated neighborhood events that connect neighbors to neighbors i.e. potlucks, barbeques, special events, “coffee” groups, etc.?

Yes No

If yes, please share some stories. Use additional paper or back of application if more space is needed.

Has your neighborhood completed any community driven projects? i.e. community park, community garden, stop sign installation, etc.

Have there been any neighbor to neighbor exchanges as a result of your work with the neighborhood? i.e. neighbors helping neighbors, etc. If yes, please share.

Has a neighborhood vision for change been defined by the residents? If yes, please share.

Has there been a growing interest in Jesus, the Gospel, Kingdom as a result of working with the neighborhood? i.e. bible studies started; discipleship/mentoring taking place; church plant, church attendance etc. If yes, please share. Use additional space if needed.

For EP Internal Use Only

Received: _____ **Partner Advisory Committee Review** _____ **Referred to Board for Approval:** Y N
Date Date

Partner Advisory Committee Comments:

Board of Directors Review: _____ **Board Approved:** Y N
Date

Board Comments:

Letter of Acceptance/Denial Sent _____ **by** _____
Date Name/Title

