

Application: Leadership DELI Fall 2020

Leadership DELI is grounded in refining your vision as a leader. Each session in the program is designed to help you build on your vision, and give you insight into how to better implement your vision and communicate it to the world. Sessions themes include Positive Leadership, Creating Cultures of Belonging, and Building Empathy Through Design Thinking - among a range of other important topics. As this is a cohort-based program, you will also have the opportunity to develop relationships with other nonprofit leaders across the sector.

If selected, you may send up to two employees to represent your nonprofit. However, we ask that you submit only one application per organization. It is best if one of the potential participants from the organization completes the application, coordinating with the other participant to provide responses as appropriate. You can find a full PDF of our application on our website: https://www.new.org/leadership_deli/.

We ask that each and every person who participates in Leadership DELI fully commits to the program. Expectations include the following:

- Participation in at least 5 out of 7 sessions
- Development and continual refining of a vision to be shared with fellow Leadership DELI participants
- Open mind to a transformative group learning experience that will deepen your understanding of leadership on a personal level, as well as provide ideas and tools to enhance your organization's ability to thrive and further its pursuit of mission and vision



Nonprofit Information

1. Nonprofit organization:

2. Business address:

3. City:

4. Zip code:

5. County:

Mark only one oval.

Livingston

Macomb

Oakland

Washtenaw

Wayne

Other: _____

6. Mission of the nonprofit:

7. Focus of the nonprofit:

Mark only one oval.

- Arts, Culture, and Humanities
- Education and Research
- Environment and Animals
- Health
- Human Services
- International
- Mutual benefit/membership
- Public, Societal Benefit
- Religion
- Other: _____

8. Range in which the organization's current operating budget falls:

Mark only one oval.

- Less than \$50,000
- \$50,001 to \$250,000
- \$250,001 to \$500,000
- \$500,001 or more

9. Number of people currently serving on the Board of Directors:

Mark only one oval.

- 3
- 4-9
- 10-15
- 16-20
- 20-30
- More than 30

10. Number of employees in the organization (both part-time and full-time staff):

Mark only one oval.

- 0
- 1-5
- 6-10
- 11-20
- 21-50
- More than 50

11. Has your organization participated in Leadership DELI in the past?

Mark only one oval.

- Yes
- No
- Unsure

12. Is your organization is currently experiencing a significant challenge that might hinder the ability of participants to fully engage in Leadership DELI? Examples of challenges could include embarking on a major capital campaign, facing a leadership transition at the CEO/ED level, addressing a major legal or financial crisis, etc. If your organization is not experiencing any significant challenges, simply write NONE.

13. Are there any additional comments about your organization that you would like to share with the selection committee?

PROGRAM COSTS

The cost for Leadership DELI is \$750 per organization, regardless of whether one or two representatives participate in the program. Scholarship funding may be available, and scholarships will be awarded after the selection committee has completed its application review. Please note that NEW is willing to work out a monthly payment plan, if this is requested. The deadline for your first payment is Thursday, October 8th.

14. There may be scholarships available for some participating organizations. Is your organization seeking a scholarship to cover some of the costs of Leadership DELI?

Mark only one oval.

Yes

No

15. If you answered "Yes" to the previous question, please provide an explanation for your scholarship request:

16. Will your organization be able to participate in Leadership DELI if it does not receive a scholarship?

Mark only one oval.

- Yes, it might be difficult but we would be able to make it work.
- No
- Other: _____

PARTICIPANT #1

In the following fields, please enter the information for the first representative from your organization (required):

17. First name:

18. Last name:

19. Pronunciation of your name (optional; ex. "un-un-ya"):

20. Pronouns (optional; ex. they/theirs, she/her, he/him):

21. Role within organization:

22. Email address:

23. Phone number:

24. Given that we are planning for this program to take place virtually, internet access is important in order to engage fully. Do you have access to the internet?

Mark only one oval.

Yes

No

Other: _____

25. Considering the objectives of Leadership DELI, how does this program speak to your leadership development goals? You can read about our program objectives here: https://www.new.org/leadership_deli/ (scroll down to Program Objectives)

26. In what ways do you hope your relationships with other local nonprofit leaders will change as a result of Leadership DELI?

27. The selection committee is looking for participants who are interested in improving their leadership skills and invested in ongoing learning within a supportive community of nonprofit leaders. Take a moment to learn more about each of the sessions in the program: https://www.new.org/leadership_deli/ (scroll down to Session Descriptions to read more about each one. Of these sessions, select one that you find particularly compelling:

Mark only one oval.

- Visioning
- Positive Leadership
- Adopting a Talent Mindset
- Bottom Line Change
- Creating Cultures of Belonging
- Building Empathy Through Design Thinking
- Communicating Your Vision

28. What draws you to the session you selected in the previous question, and how do you hope this session will impact you and/or your organization?

29. The Leadership DELI Selection Committee is looking for applicants who are able to attend most, if not all, of the dates listed below. Consistent attendance by the same organizational representatives builds a stronger cohort of participants over the 4 month period. Indicate the following dates when you are available to attend:

Check all that apply.

	Yes, I'll be there!	I'm not sure	No, I'm not available
Friday, October 9th, 9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday, October 23rd, 9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday, November 6th, 9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday, November 20th, 9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday, December 4th, 9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday, December 18th, 9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday, January 8th, 9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday, January 22nd, 9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTICIPANT #2

In the following fields, please enter the information for the first representative from your organization (required):

30. First name:

31. Last name:

32. Pronunciation of your name (optional; ex. "un-un-ya"):

33. Pronouns (optional; ex. they/theirs, she/her, he/him):

34. Role within organization:

35. Email address:

36. Phone number:

37. Given that we are planning for this program to take place virtually, internet access is important in order to engage fully. Do you have access to the internet?

Mark only one oval.

Yes

No

Other: _____

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