Citywide Nonprofit Monitoring and Capacity Building Program

## Nonprofit Request For

## Financial Management Coaching

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| **Nonprofit Name** |  | | | | **Date of Request** |
| **Primary Contact** |  | | | | |
| **Title** |  | | | | |
| **Email** |  | | | | |
| **Phone** |  | | | | |
| **FUNDING DEPARTMENTS** (please check one): | | | | | |
| Adult Probation Department  Arts Commission  Department of Children Youth and Families  Department on the Status of Women  Department of Public Health  Children and Families Commission (First 5)  Human Services Agency | | | Human Rights Commission  Department of Homelessness and Supportive Housing  Mayor’s Office of Housing and Community Development  Office of Economic and Workforce Development  Sheriff’s Office  Other/not listed (please list): | | |
| **COACHING REQUEST** | | | | | |
| Coaching is tailored to a nonprofit’s needs and is meant to address strategic, operational, and transactional finance and governance functions to ensure your organization has the foundational tools you need to succeed.  **Please describe the financial management improvements you would like to make through coaching. What is the reason for your request?** (brief narrative) | | | | | |
| **Please Select the Primary (1-2) Goal Categories** | | | | | |
| Agency-wide Budget/Cost Allocation  Accounting/Reporting Systems (e.g., QuickBooks)/Chart of Accounts)  Financial Reports and Metrics  Audited Financial Statements | | | | Board Oversight  Policies & Procedures  Timesheets, Invoicing, Payroll  Other (please describe below) | |
|  | | | | Other description: | |
| **How much time do you anticipate you and your staff can dedicate to the coaching engagement?** | | | | | |
| Estimated number of hours per month: | | Estimated number of months: | | | |
| **How confident are you that your organization can devote this amount of time to coaching?**  Very confident  Moderately confident  Uncertain | | | | | |
| **How will your finance and governance staff participate in coaching?** | | | | | |
| **Do you have the right staffing currently to make and sustain the changes? What concerns do you have, if any, about your current staffing?** | | | | | |
| **Please provide additional comments about the above questions, as needed:** | | | | | |
| **Please attach these documents to the request** | | | | | |
| Most recent Monitoring Report Letter (if available) | | | | | |
| Most recent audit and financial statements | | | | | |
| Current agency-wide budget | | | | | |