

**BOARD LEADERSHIP PROGRAM
APPLICATION**

To be considered for this program, your completed application must be received by August 27 at 5:00 p.m.. You will be notified of the selection results by September 9.

Please respond to the following:

1. Name and Address of Organization:

2. Executive Director/CEO:

Name:			
Title:			
Email Address:		Phone#:	

To comply with the Hartford Foundation's obligations as a registered lobbyist with the Connecticut Office of State Ethics, please select one of the following:

I am a current Connecticut public official

I am a current Connecticut state employee

I am an immediate family member (spouse, child or dependent relative residing in the household) of a current Connecticut public official or state employee

None of the above is applicable

3. Organization's mission and primary services:

4. Size of organization's annual operating budget:

5. Please list the key issues you wish to address through this program, and describe why you believe this program will benefit your organization:

6. Workshop series participants and contact information:

Note: The CEO/Executive Director identified above is Workshop Participant #1.

Workshop Participant #2 (Board Chair or Chair-elect):

Name:			
Title:			
Email Address:		Phone#:	

To comply with the Hartford Foundation's obligations as a registered lobbyist with the Connecticut Office of State Ethics, please select one of the following:

I am a current Connecticut public official

I am a current Connecticut state employee

I am an immediate family member (spouse, child or dependent relative residing in the household) of a current Connecticut public official or state employee

None of the above is applicable

Workshop Participant #3 (Board Member):

Name:			
Title:			
Email Address:		Phone#:	

To comply with the Hartford Foundation's obligations as a registered lobbyist with the Connecticut Office of State Ethics, please select one of the following:

I am a current Connecticut public official

I am a current Connecticut state employee

I am an immediate family member (spouse, child or dependent relative residing in the household) of a current Connecticut public official or state employee

None of the above is applicable

Workshop Participant #4 (Board Member):

Name:			
Title:			
Email Address:		Phone#:	

To comply with the Hartford Foundation's obligations as a registered lobbyist with the Connecticut Office of State Ethics, please select one of the following:

I am a current Connecticut public official

I am a current Connecticut state employee

I am an immediate family member (spouse, child or dependent relative residing in the household) of a current Connecticut public official or state employee

None of the above is applicable

Workshop Participant #5 (Development Director - OPTIONAL):

Name:			
Title:			
Email Address:		Phone#:	

To comply with the Hartford Foundation's obligations as a registered lobbyist with the Connecticut Office of State Ethics, please select one of the following:

I am a current Connecticut public official

I am a current Connecticut state employee

I am an immediate family member (spouse, child or dependent relative residing in the household) of a current Connecticut public official or state employee

None of the above is applicable

☐ I understand that the team identified above is committed to attending both required sessions of this program in their entirety.

Executive Director/CEO

Date:

Additional information to be submitted with your application:

- E-mails from all those participating in the program, indicating a commitment to attend both required workshop sessions in their entirety.
- Completed Demographic Data Report (enclosed)

Please e-mail your application and attachments to:

Meher Shulman, mshulman@hfpg.org by August 27 at 5:00 p.m.

If you have any questions, please contact Meher at mshulman@hfpg.org or

(860) 548-1888 x1047.

Thank you!

Demographic Data Report

Organization Name:

	GRAND TOTAL	TOTAL Females & Males		African American Black/Caribbean American		Asian American		Caucasian		Latino(a)/ Hispanic		Native American		Other (describe below)*	
		F	M	F	M	F	M	F	M	F	M	F	M	F	M
Board															
Staff Management															
Program Staff															
Support Staff															
Clients served in last full program year															
Volunteers															

F = Female M = Male

Please provide further explanation for people reported under "Other":

Please provide any further demographic information about your board, staff, and clients that you deem appropriate (e.g., people with disabilities):