

# **2009 ALFORD-AXELSON AWARD FOR NONPROFIT MANAGERIAL EXCELLENCE**

## **Award Process and Timeline**

### **Eligibility**

In order to be considered for the award, an applicant must be a 501(c)(3) organization and its primary mission focus must benefit Chicago and/or its surrounding communities. Staff, board members, and volunteers may nominate their own organizations. Organizations that have received the honorable mention designation or have applied in previous years are encouraged to reapply.

### **Application Process**

Please note that we have made revisions to the application process to reduce the amount of time required to apply. Below are the steps:

1. Complete and mail the initial application (postmarked no later than January 16, 2009). Include a copy of your 501(c)(3) letter.
2. The initial applications will be reviewed and 10 organizations will be chosen to complete a more detailed application. The qualifying organizations will be notified no later than February 2, 2009.
3. These organizations will have until March 20, 2009, to postmark the final application.
4. All qualifying organizations will receive special recognition at the Symposium luncheon on May 13, 2009. The two winning organizations will each receive a \$5,000 unrestricted grant.

### **Evaluation Process**

The first round of evaluations will take place between January 16 and February 2 by a review committee, who will then nominate 10 organizations to be considered for the final round. The second round applications will be reviewed in more depth by the review committee two weeks after the application deadline. Applicant organizations will be assessed on several dimensions: mission and impact, leadership and governance, strategy and innovation, human resources, financial strength and performance, resource generation and external relations, and accountability and integrity. The quality and completeness of the application is essential as it will serve as the primary basis for assessment. In this regard, all questions should be answered directly and explicitly; generic responses are not acceptable. Incomplete applications—including indirectly addressed criteria—or omitted financial data will limit our ability to assess your organization and ultimately will prevent your organization from being considered.

For a look at previous year's winners and the ways in which they meet the various award criteria, go to [www.northpark.edu/axelson](http://www.northpark.edu/axelson).

## Confidentiality

All information collected during this process will be kept strictly confidential. North Park University will make public only the names of the award winners and finalists. Portions of the data may be used at a later date for educational purposes but not without prior permission from the organization.

## How to Submit

Mail, fax or email your application no later than **January 16, 2009**, to:

Attention: Tracey Starkovich  
The Axelson Center for Nonprofit Management  
North Park University  
3225 West Foster Ave. - Box 4  
Chicago, Illinois 60625

Email: [axelson@northpark.edu](mailto:axelson@northpark.edu)  
Fax: 773-244-5297

## Questions

If you have questions about the application or process, please e-mail [axelson@northpark.edu](mailto:axelson@northpark.edu) or call 773-244-5799.

We will respond as quickly as possible to help address your questions and assist you in the application process. Please note that we will not release any information about the evaluation process or its outcome until the Symposium luncheon on May 13, 2009.

# THE AXELSON CENTER FOR NONPROFIT MANAGEMENT



**2009 ALFORD-AXELSON AWARD  
FOR NONPROFIT MANAGERIAL EXCELLENCE**

**Initial Application**

**1. Organization:**

\_\_\_\_\_  
*Organization Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Address2*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

**2. Executive Director/ CEO information:**

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Official Title*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Number of Years at Organization*

\_\_\_\_\_  
*In Current Role*

**3. Person to receive communication regarding this application:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Email Address*

( )

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Phone Number*

**4.**

**Current Fiscal Year**

**Previous Fiscal Year**

Specify dates:  
\_\_\_\_\_

Specify dates:  
\_\_\_\_\_

\_\_\_\_\_  
Size of annual operating budget:

\_\_\_\_\_  
Endowment/Cash reserves:

**5. Year founded:** \_\_\_\_\_

6. Primary objectives of organization (activities actually pursued) and community needs addressed (e.g. arts, poverty, education). Please include your mission statement (attach additional page if necessary):

7. Number of full-time employees (current year): \_\_\_\_\_

8. Number of part-time employees (current year): \_\_\_\_\_

9. Number of volunteer hours (average for most recent year): \_\_\_\_\_

10. How are volunteers utilized in the organization?

**11. Financials:**

A. Sources of Income: Show as percent (%) of total income.

	Most Recently Completed Fiscal Year Specify dates: _____	Prior Fiscal Year Specify dates: _____
Foundation Grants (% of total)		
Corporate Donations (% of total)		
Gifts from Individual Donors (% of total)		
Fee for Service/Product Revenue (% of total)		
Membership Fees (% of total)		
United Way (% of total)		
Other (specify source)		
* Total (should equal 100%)		

**B. Largest Single Funding Amounts by Source:** Show value in dollars and type of income, e.g. cash, in kind, stock, or other. Use the most recent fiscal year for which complete data is available. Specify dates: \_\_\_\_\_

	Most Recently Completed Fiscal Year	Income Type
Largest Foundation Grant		
Largest Corporate Donation		
Largest Donation from Individual		
Largest Government Grant		
Other (specify source)		

**C. Expenses:** Use the most recent fiscal year for which complete data is available. Specify dates: \_\_\_\_\_

	Amount	% of Operating Budget
Fundraising		
Administration		
Program		
Other		
Total		

Does your Form 990 for the two most recently completed fiscal years show that the organization achieved a balanced budget? \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, please explain.):

Comments or clarification on any of the above financial information?

**D. In the most recently completed fiscal year, what percentage of your board of directors made a financial contribution (for any purpose) to your organization?**  
 \_\_\_\_\_ %

12. On a separate sheet, please list your current board members, their affiliations and the number of years they have served on your board.

13. **Service and Impact:** Use the most recent fiscal year for which complete data is available. Specify dates: \_\_\_\_\_

Beneficiaries:

Number of total individuals served: \_\_\_\_\_

Number of total organizations served: \_\_\_\_\_

Most important metrics (internal and/or external) used by your organization to measure your impact (list up to five). Include results for most recently completed fiscal year (i.e. 75% of all students experienced and improvement of x amount):  
Specify dates: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

14. Does your organization carry any specific accreditation, certification or other special forms of recognition that it has received from external agencies (e.g. COA, CARF, JCAHO)?

Please attach an additional page if necessary for these answers, but keep responses brief.

**15. Describe one way in which your organization is unique or stands out from other similar organizations.**

**16. How often does your organization engage in strategic planning? When was your last strategic plan created?**

**17. What is your organization doing that indicates excellence in management?**

---

*Signature of CEO/ Executive Director*

*Date*

---

*Name of Organization*

**Note:** *In signing this application, you give North Park University permission to release information to the media about your organization as it pertains to this award as well as feature your organization in university publications.*