



PUBLIC ALLIES ARIZONA 2010-2011 PARTNER ORGANIZATION APPLICATION

Public Allies Arizona works in collaboration with Partner Organizations for the development and support of diverse young leaders for our community. Public Allies Arizona and our Partner Organizations share responsibility for creating a quality experience for our Allies, and in working to improve the Public Allies Arizona – Partner Organization collaboration. We are seeking community partners willing to commit to this process.

TABLE OF CONTENTS

INSTRUCTIONS

SECTION I.	ORGANIZATION INFORMATION
SECTION II.	ORGANIZATIONAL INTENT AND DESIRED IMPACT
SECTION III.	ORGANIZATIONAL INFRASTRUCTURE
SECTION IV:	ALLY SUPERVISION
SECTION V.	SIGNATURES OF APPROVAL -- ALLY APPLICATION





PUBLIC ALLIES ARIZONA 2010-2011 PARTNER ORGANIZATION APPLICATION

Application Instructions

- Carefully review all of the material and complete the Partner Organization Application making sure to complete every section.
- Please note that you must submit one complete Ally Position Description for each Ally placement requested (you may request up to three positions).
- Be sure to include all of the required documents (see application for more detail):
 - 2010-2011 Partner Organization Application
 - Ally Position Description (one for each Ally placement requested up to three)
 - Organizational brochure or related material
 - Organizational annual report (if available)
 - Budget for the current fiscal year
 - IRS Letter verifying 501(c)3 status
 - Resume of the Ally Supervisor(s)
 - (If available) Newspaper articles or other information about your program
- Please submit an electronic copy of the complete application and position description(s) to publicallies@asu.edu no later than 5:00 pm on **June 23, 2010**.
- The complete package including signatures and attachments must be postmarked no later than **June 23, 2010** and sent to the attention of:
Michelle Lyons-Mayer
Program Director, Public Allies Arizona
ASU Lodestar Center for Philanthropy and Nonprofit Innovation
411 North Central Avenue, Mail Code 4120
Phoenix, Arizona 85004
- **Please note that material must be received postmarked by the due date in order to be considered. Only complete applications will be considered.**
- Contact our office at (602) 496-0425 or via e-mail at michelle.lyons-mayer@asu.edu if you have any questions.



PUBLIC ALLIES ARIZONA
2010-2011 PARTNER ORGANIZATION APPLICATION

SECTION I. ORGANIZATION INFORMATION

Name of Organization: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Website: _____

Who will be the organization's contact person throughout the process for programmatic purposes?

Name: _____ Position: _____

E-mail: _____ Phone: _____

Who will be the organization's contact person throughout the process for finance/contract purposes?

Name: _____ Position: _____

E-mail: _____ Phone: _____

Name of Executive Director: _____

Name of Controller/CFO: _____

Organization's Budget: < \$250K ____ \$250-500K ____ \$500-999K ____ \$1-3 mil ____ \$3 mil + ____

Staff Size: _____ Number of staff 18-30 years old: _____

Primary Field of Work:

☐ Arts and Culture

☐ Community Building/Organizing

☐ Criminal Justice/Public Safety

☐ Education/Awareness

☐ Economic Development

☐ Environment

☐ International

☐ Labor

☐ Legal Services

☐ Philanthropy

☐ Public Health

☐ Public Policy

☐ Social Justice

☐ Social Services

☐ Youth Development

Is the organization faith-based? Yes _____ No _____

Has your organization ever hosted a VISTA, AmeriCorps member, or JVC?

Yes _____ No _____ If yes, when: _____

Will your organization host other VISTA, AmeriCorps Members or JVC volunteers during the 2010-2011 program year? If not, why not? If yes, how will you integrate the work of multiple National Service Members within one organization?

How did you hear about Public Allies?

E-mail

Flier

Website

Lodestar Center Nonprofit News

Friend/Colleague

Other, How? _____

SECTION II. ORGANIZATIONAL INTENT AND DESIRED IMPACT

What is your organization's mission?

How will hosting an Ally further the organization's mission?

What communities does your organization serve?

Describe how the organization collaborates with other nonprofits, local governments, civic organizations, schools, etc. Who are some of your current partners?

How would an Ally contribute to the organization's infrastructure or capacity beyond the ten months of the program?

AmeriCorps strongly encourages job descriptions with volunteer recruitment objectives. Does your organization work with volunteers? If so, will the Ally have the opportunity to work with them? Please describe:

Please attach copies the following organizational literature.

- ☐ organizational brochure
- ☐ organizational annual report
- ☐ budget for the current fiscal year
- ☐ letter verifying 501c3 status
- ☐ Resume of Ally Supervisor(s)
- ☐ (If available) newspaper articles about our program

If you are unable to attach one or more of the above items, please explain: _____

III. ORGANIZATIONAL INFRASTRUCTURE

Does your organization have the (non-federal) resources to commit to your organization's portion of the stipend plus FICA and Worker's Compensation to support an Ally/Allies at this time? Please specify your funding source(s).

If your organization does not yet have the resources committed, by will you be certain that you have the financial resources to support an Ally by September 1, 2010? Please describe your plan for securing these resources.

Allies will need space to do their work, as well as computer and internet access to report on their work and fulfill the program's continuous learning requirements.

My organization will provide the following for our Ally (please check all that apply).

- ☐ desk
- ☐ computer
- ☐ phone
- ☐ internet access
- ☐ printer access
- ☐ his/her own working space or office equivalent to other staff

If you did not check one of the above, please tell us how this will/will not affect the Ally's work.

SECTION IV: ALLY SUPERVISION – Please complete this section for all potential supervisors.

Public Allies Partner Organizations are equal partners in the creation of a quality experience for our Allies, and in working to improve the Public Allies – Partner Organization collaboration. General expectations and responsibilities of the Partner Organization and Ally Supervisor are listed below.

ALLY SUPERVISOR:

- Accountability to objectives and support in achieving those objectives
- Professional mentorship and guidance
- Agency liaison
- Evaluation Participant

PARTNER ORGANIZATION:

- Financial Commitment
- Support of Public Allies Organizational Philosophy
- Provide appropriate support and supervision to ensure the success of the Ally
- Communicate organizational changes that could affect the Ally to Public Allies in a timely manner

Please initial the following to agree to your organization's commitment to the following:

Participate in the Ally Matching Process

Attend a mandatory Partner Organization Supervisor Orientation and two to three trainings

Participate in program evaluation efforts including focus groups and exit surveys

Participate in three meetings with the Ally and program staff and complete a mid-year and end-of-year 360° Assessment of the Ally

Attend Public Allies events such as "Meet the Allies", Presentations of Learning (POLs) and Graduation

Complete all required paperwork for the Ally

Treat the Ally with the same respect of a staff member of the organization

Ensure that the Ally will not be asked to do work assignments or administrative tasks beyond their position description unless approved by Public Allies staff

Ensure that the Ally will not be asked to do work that is prohibited by AmeriCorps regulations or the Public Allies Arizona policies and procedures (e.g. lobbying and some fundraising activities)

Support the Ally in the completion of required program activities (including PISD, training, retreats, community service, IDP meetings, POLs, etc)

Provide direct supervision and support throughout the term of the program. The Supervisor will meet with the Ally at least weekly during the first month and at least every two weeks thereafter throughout the placement and provide adequate training, supervision and support based on the Ally's skills and knowledge and the complexity of work to be accomplished

Provide the Ally with an extensive orientation to their service and to the organization that is at least 4 hours in length during the first week of service

Assist the Ally with tools to evaluate the impact of their work in communities, such as pre- and post-tests, participant surveys, etc

Ensure that the Supervisor will serve as a mentor to the Ally and will provide growth and learning opportunities for the Ally

Provide appropriate work space and "tools of work" (i.e. desk, computer, phone, internet access, supplies, mileage, etc)

If the Ally Supervisor or another organizational representative is not able to commit to the aforementioned criteria for the 10 months of the program, please explain.

SECTION IV: ALLY SUPERVISION – Please complete this section for all potential supervisors.

Name: _____ Position: _____

E-mail: _____ Phone: _____

Please describe the supervisor's experience working with and/or supervising young people. Please attach a copy of the supervisor's resume to the application.

Public Allies expects the Ally's direct supervisor to help guide the Ally's progress in developing a strong set of professional skills. What will your organization and the Ally's direct supervisor do to promote the Ally's professional development?

SECTION V. SIGNATURES OF APPROVAL -- ALLY APPLICATION

I am aware of the application for _____ (#) Public Ally/ies for the 2010-2011 program year. I confirm that _____ (name of organization) is financially capable of hosting an Ally/ies for the duration of the program year from September 2010-June 2011. I have read and agree to uphold the expectations and responsibilities of being a Partner Organization/Supervisor. I am also aware that the potential direct supervisor from my organization will be expected to conduct interviews with possible Ally candidates. I understand that completing this application and conducting Ally interviews does not guarantee that my organization will receive an Ally.

Signatures of approval:

EXECUTIVE DIRECTOR

DATE

PRESIDENT/CHAIR OF BOARD OF DIRECTORS

DATE

FINANCE DIRECTOR/ACCOUNTANT

DATE

PROSPECTIVE ALLY SUPERVISOR

DATE

PROSPECTIVE ALLY SUPERVISOR

DATE

PROSPECTIVE ALLY SUPERVISOR

DATE