



NORTH CAROLINA ASSOCIATION OF
COMMUNITY DEVELOPMENT CORPORATIONS

2009 Success Measures Program Application

Organization: _____

Contact Name/Title: _____

Address: _____ City: _____ State _____ Zip _____

Telephone: _____ Fax: _____

Contact Person's Email: _____ Website: _____

Membership History/Status

Current Status: _____ (*Active or Inactive*)

Member Category: _____ (*Full CDC; Associate; Other*)

Status of 2009 Dues: _____ (*Pd in Full; Payments Current; Unpaid, etc.*)

Member Since: _____ New & Emerging/Mature: _____

Does your organization have any outstanding loans and/or indebtedness to NCACDC?

Yes No

If so, are payment arrangements current? Yes No

Are you currently receiving on-going technical assistance from NCACDC?

Yes No

Is your organization planning on applying for a slot in the other NCACDC Assessment Program?

Yes No

1. Please provide a brief explanation of why you and your organization would like to undertake NCACDC's Success Measures Program?

2. How do you anticipate the ability to measure outcomes will contribute to your achieving broader organizational goals?

3. Does your organization currently involve its stakeholders in determining its programmatic and service offerings? Yes No
 - a. If so, in what way?

 - b. How often?

4. What areas of your work would benefit from outcome measurement?

- a. _____

- b. _____

- c. _____

- d. _____

5. Has your organization recently undergone any significant changes in staffing or funding?
 Yes No

a. If so, please explain.

6. Please complete the Success Measures Program Organizational Readiness Self Assessment (*page 4*) and attach it with your application.

We are requesting to be selected as one of the organizations to participate in NCACDC's Success Measures Program.

Executive Director

Board President/Chairman

Date

Date

SUCCESS MEASURES READINESS SELF-ASSESSMENT

Please rate your organization's readiness in each of the dimensions below by marking an "X" in the appropriate rating column. Please provide comments that would help us better understand your organization.

Readiness Dimensions	Rating			Comments
	Still have a <u>long way to go</u>	In place or in practice <u>to some extent</u>	<u>Fully in place</u> or in practice	
Staff, board and other stakeholders (e.g., program participants, community residents, funders, etc.) have a shared understanding of the mission of the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The organization has a history of engaging its stakeholders to provide input on the organization's plans, work and priorities and the capacity to do so currently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The organization is willing to integrate a participatory, outcome-based evaluation approach, knowing that this may influence current business and decision-making practices and processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The organization has adequate staffing and board capacity so that key people will be available to lead and participate in the evaluation process over the coming 12-18 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A key staff person has been identified to lead the Success Measures evaluation process within the organization over the 12-18 month period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please draw on your responses above to briefly describe any constraints or challenges you would need to address in undertaking a Success Measures participatory evaluation at this time.