NONPROFIT FUNDAMENTALS WORKSHOP APPROVAL FORM

1. Certificate Participant Information

Certificate Participant:	-
Contact Information:	
Phone:	
Email:	
Address:	
2. Workshop Information	
Name of Workshop:	
Date of Workshop:	
Location:	
Hours of Workshop:	
Presenter Name:	
Presenter Qualifications (Job Title, Employer, Education, etc.) Inc	lude
bio as attachment if available:	
Sponsoring Organization:	
Contact Person:	
Phone:	
Email:	

- Copy of Workshop Announcement (i.e. brochure, flyer, email, website link)
- Biography/Resume of Presenter

		ed.	
	<u>tegory 1</u> gal Organization	# of Hours	
	IRS Nonprofit Status Local, State, Federal Guidelines		
	Advocacy & Lobbying Public Policy		
	Other (please specify)		
	tegory 2		
Org	ganizational Design and Infrastructure Self-Assessment	# of Hours	
	Staffing vs. Volunteer Management Standards of Excellence		
	Ethics Other (please specify)		
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BOARD OF DIRECTORS/GOVERNANCE WORKSHOP APPROVAL FORM

1. Certificate Participant Information

Certificate Participant:	
Contact Information:	
Phone:	
Email:	
Address:	
2. Workshop Information	
Name of Workshop:	<u> </u>
Date of Workshop:	
Location:	
Hours of Workshop:	
Presenter Name:	
Presenter Qualifications (Job Title, Employer, Educ	
bio as attachment if available:	
Sponsoring Organization:	
Contact Person:	
Phone:	_
Fmail:	

- Copy of Workshop Announcement (i.e. brochure, flyer, email, website link)
- Biography/Resume of Presenter

4.	Indicate the topic(s) that apply to this session by for each topic. Reminder: To complete the Boa Core Area, 5 hours in each category is required	ard of Directors/Governance
	Category 1 Board Self Governance Roles/Responsibilities of Board Members Legal Issues and Nonprofit Boards Competencies of Effective Boards Recruitment/Training/Evaluation Committee Structure and Boards Other (please specify)	# of Hours
	Category 2 Board Operations Board Relationships with Staff Effective Board Meetings Visioning and Strategic Planning Board Role in Fundraising Communication Strategies Other (please specify)	# of Hours
5.	Describe how this session meets the requireme Directors/Governance Category (3-4 sentences)	
	Certificate Participant Signature	Date

HUMAN RESOURCE DEVELOPMENT WORKSHOP APPROVAL FORM

1. Certificate Participant Information

Certificate Participant:	_
Contact Information:	
Phone:	
Email:	
Address:	
2. Workshop Information	
•	
Name of Workshop:	
Date of Workshop:	
Location:	
Hours of Workshop:	
Presenter Name:	
Presenter Qualifications (Job Title, Employer, Education, etc.) In	clude
bio as attachment if available:	
Sponsoring Organization:	
Contact Person:	
Phone:	
Fmail:	

- Copy of Workshop Announcement (i.e. brochure, flyer, email, website link)
- Biography/Resume of Presenter

4. Indicate the topic(s) that apply to this session by listing the number of hours for each topic. Reminder: To complete the Human Resource Development Core Area, 5 hours in each category is required. Category 1 **Employment Law** # of Hours Hiring/Firing **Personnel Policies** Discipline Performance Other (please specify) Category 2 Management # of Hours Leadership Skills **Conflict Resolution** Coaching **Team Building** Delegating **Providing Feedback Motivation Strategies** Other (please specify) Category 3 Volunteers # of Hours Recruitment **Training** Retention Recognition Planning/Development **Volunteer Positions** Risk Management Other (please specify) 5. Describe how this session meets the requirements for the Human Resource Development Category (3-4 sentences continue on back if necessary). **Certificate Participant Signature** Date

RESOURCE DEVELOPMENT WORKSHOP APPROVAL FORM

1. Certificate Participant Information

Certificate Participant:	
Contact Information:	
Phone:	
Email:	
Address:	
2. Workshop Information	
Name of Workshop:	
Date of Workshop:	
Location:	
Hours of Workshop:	
Presenter Name:	
Presenter Qualifications (Job Title, Employer, Education, etc.) In	clude
bio as attachment if available:	
Sponsoring Organization:	
Contact Person:	
Phone:	
Fmail·	

- Copy of Workshop Announcement (i.e. brochure, flyer, email, website link)
- Biography/Resume of Presenter

4.	Indicate the topic(s) that apply to this s for each topic.	session by listing the number of hours
	Category 1 Grant Writing Grant Research Proposal Writing Grant Reporting Other (please specify)	# of Hours
	Category 2 Financial Resource Development Special Events Planned Giving Direct Fundraising Appeals Entrepreneurial Ventures Other (please specify)	# of Hours
	Category 3 Special Topics in Resource Developmed Donor Identification, Cultivation, Relations Resource Development Planning Ethics in Resource Development Capital Campaigns Other (please specify)	ent # of Hours
5.	Describe how this session meets the representation Development Category (3-4 sentences)	•
	Certificate Participant Signature	Date

FINANCIAL MANAGEMENT WORKSHOP APPROVAL FORM

1. Certificate Participant Information

Certificate Participant:	_
Contact Information:	
Phone:	
Email:	
Address:	
2. Workshop Information	
2. Workshop Information	
Name of Workshop:	
Date of Workshop:	
Location:	
Hours of Workshop:	
Presenter Name:	
Presenter Qualifications (Job Title, Employer, Education, etc.) In	clude
bio as attachment if available:	
Sponsoring Organization:	
Contact Person:	
Phone:	
Fmail:	

- Copy of Workshop Announcement (i.e. brochure, flyer, email, website link)
- Biography/Resume of Presenter

# of Hours	
	
# of Hours	
# of Hours	
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	# of Hours

SERVICE PROVISION WORKSHOP APPROVAL FORM

1. Certificate Participant Information

Certificate Participant:	
Contact Information:	
Phone:	
Email:	
Address:	
2. Workshop Information	
Name of Workshop:	
Date of Workshop:	
Location:	
Hours of Workshop:	
Presenter Name:	
Presenter Qualifications (Job Title, Employer, Education, etc.) Ir	nclude
bio as attachment if available:	
Sponsoring Organization:	
Contact Person:	
Phone:	
Email:	

- Copy of Workshop Announcement (i.e. brochure, flyer, email, website link)
- Biography/Resume of Presenter

for each topic. Reminder: To complete the Service Provision Core Area, 5 hours in each category is required. Category 1 **Program Development** # of Hours **Community Needs Assessment** Strategic Planning Other (please specify) Category 2 Program/Organizational Design & Evaluation # of Hours **Target Populations** Collaborations **Evaluation Outcome Measurements Program Evaluation Non-Financial Audits** Self-Assessment Impact on Budget Other (please specify) Category 3 **Rural Community Service** # of Hours **Access and Availability Ethics Special Considerations** Other (please specify) 5. Describe how this session meets the requirements for the Service Provision Category (3-4 sentences). **Certificate Participant Signature** Date

4. Indicate the topic(s) that apply to this session by listing the number of hours

SPECIAL TOPICS/ELECTIVES WORKSHOP APPROVAL FORM

1. Certificate Participant Information

Certificate Participant:	_
Contact Information:	
Phone:	
Email:	
Address:	
2. Workshop Information	
2. Workshop Information	
Name of Workshop:	
Date of Workshop:	
Location:	
Hours of Workshop:	
Presenter Name:	
Presenter Qualifications (Job Title, Employer, Education, etc.) In	clude
bio as attachment if available:	
Sponsoring Organization:	
Contact Person:	
Phone:	
Fmail·	

- Copy of Workshop Announcement (i.e. brochure, flyer, email, website link)
- Biography/Resume of Presenter

	ps with a total of 20 hours is required.
Special Topics Marketing/Media	# of Hours
Technology Social Entrepreneurship	
Emerging Topics	
Public Speaking Facilities Management	
Capital Campaigns Other (please specify)	
	
. Describe how this session meets t	he requirements for the Special
Topics/Electives Category (3-4 ser	