COMMUNITY PARTNER APPLICATION

Since 1997, IFMA Atlanta has utilized the strength of our membership to improve nonprofit organization facilities in the Atlanta area and, at the same time, promote the profession of facility management. With the help, support, in-kind donations, and services of our professional and associate members, we have assisted with the completion of many projects, saving nonprofit organizations thousands of dollars and enabling them to renovate and maintain their facilities with minimum impact on their operating programs. In some cases, IFMA members serve on their Boards and represent IFMA when needed to aid in obtaining grants for capital projects.

Applications for partnership are received in May of each year for the coming July through June program year. Applications for 2019 are to be submitted by email no later than May 31, 2020, to Vernon Thomas at Association Headquarters, vernon@ahqi.com. Electronic submission of all required materials is preferred; however, supplemental information may be mailed to IFMA Atlanta Sustainability & Community Services Committee, Association Headquarters, 665 Red Oak Road, Stockbridge, GA 30281.

In submitting this application, the partnering agency is agreeing to:

• Have a strategic plan and operating/capital budget that supports at least three facility-related goals for the coming year.
• Work in partnership with IFMA Atlanta through the Sustainability & Community Services Committee.
• Attend and participate in the monthly IFMA Atlanta Sustainability & Community Services Committee meetings.
• Submit a monthly progress report to the Sustainability & Committee Chair.
• Attend educational programs for nonprofit organizations offered by IFMA Atlanta.

In accepting an organization for community partnership, IFMA Atlanta agrees to provide the necessary assistance to aid the partner in developing and implementing a plan to effectively achieve its facility goals.

On behalf of my agency, ____________________________________________________________, I agree to the above terms of partnership.

Name and Title

Signature
Organization Name ________________________________________________________________

Contact _________________________________________________________________________

Address _________________________________________________________________________

Phone __________________________________ Fax _______________________________________

Email __________________________________ Website ___________________________________

Is this office the headquarters of your organization? ________________________________

Is this office a branch/chapter or local affiliate of a national organization? ________________

________________________________________________________________________________

If so, where is your organization headquarters? ______________________________________

Organization Contact ____________________________________________________________

Address _________________________________________________________________________

Phone __________________________ Email ____________________________________________

Facility Contact ________________________________________________________________

Address _________________________________________________________________________

Phone __________________________ Email ____________________________________________

Provide a brief history of your organization, beginning with your overall mission and including your impact in the metro Atlanta community.

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Please describe your facilities – location, purpose, age, square footage, and condition.

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Please list three (3) facility-related goals or projects for your organization for the upcoming year appropriate for assistance from IFMA:

1. ________________________________________________________________________________

2. ________________________________________________________________________________

3. ________________________________________________________________________________

What is your annual total operating budget from the current or most recent fiscal year?

_____________________________________________________________________________________

What portion of this is your budget for facilities for the upcoming year? ___________________

Do you have a preventative maintenance program? _________________________________

Do you have an annual budget for maintenance? _________________________________

How much? _________________________________________________________________________

Please list your current income sources, including grants, fees, donations, etc.

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_____________________________________________________________________________________

_____________________________________________________________________________________

Do you have an annual fund raising campaign? _________________________________

Have you had a capital campaign recently, and do you contemplate one in the near future? _________
Is any of your staff members of IFMA? _______ If so, who? _____________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please list and describe your current partnerships.
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Current Community Partners, please describe the impact on IFMA on your organization over the past year, including updates on facility related goals defined in last year’s application.
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Please include copies of 501(c)(3) determination letter, most recent audit, list of current Board Members, and any other source documentation which would be helpful in describing your organization to the selection committee.