

The purpose of the application form is to provide information about your organization that the foundation can use to determine whether it is qualified to receive funding for a Creative Initiatives Workshop. If you think the application form does not enable you to portray the organization accurately, you are welcome to submit a letter along with a completed application form.

If you have any questions about the Creative Initiatives Foundation, please visit our website at: [www.creative-initiatives.org](http://www.creative-initiatives.org), or contact Creative Initiatives at:

Creative Initiatives Foundation (HK) Limited  
701 Hong Kong Arts Centre  
2 Harbour Road  
Wanchai, Hong Kong SAR

Phone: 2179 2727  
Fax: 2511 1698  
Email: [info@creative-initiatives.org](mailto:info@creative-initiatives.org)

### **Instructions for completing a CIF Workshop Grant Application Form**

1. Leave blank.
2. Enter the date the application is faxed or placed into the mail.
3. Leave blank.
4. Enter the organization's legal name.
5. Enter the organization's legal address.
6. Enter the number of members serving on the organisation's decision-making board.
7. *No* is not an option. The board must endorse the application.
8. Enter the organization's public access telephone number.
9. Enter the organization's public access fax number.
10. Enter the organization's Internet address. The organization need not have an Internet homepage to be eligible for a CIF workshop grant.
11. Enter full (FT) and part-time (PT) employees separately.
12. Enter the estimated number of persons who volunteered to further the organization's mission during the past 12 months.
13. Enter the estimated number of persons whose lives were positively impacted by the organization. Do not include employees or volunteers.
14. Enter only one letter in the box. Place a circle around any other applicable classifications.
15. Check all that apply. Do not include employees.
16. Enter an estimated percentage in each applicable box. The total percent should equal 100.

17. Check “yes” if a professional consultant was ever hired to help the organization solve a major problem, coordinate a service, raise funds, or do strategic planning.
18. Enter “N/A”, “Problem Solution”, “Fund Raising”, “Strategic Planning”, or “Other”.
19. Enter 1 or 2 descriptive adjectives, e.g. “good”, “worthwhile”, “mixed”, “bad”.
20. Check one box. Add the name of the CIF Associate, if appropriate.
21. Enter only one current critical issue or problem, e.g., the issue or problem that is most significantly affecting the ability of the organization to carry out its mission – one that if not effectively dealt with or solved now, may result in significant ineffectiveness of the organization. Additional issues or problems can be listed on a separate sheet.
22. Enter only one future issue or problem, e.g., the most significant issue or problem that may affect the ability of the organization to carry out its mission in the future – one that may result in the organization’s demise if not effectively dealt with, solved, or planned for now. Additional issues or problems can be listed on a separate sheet.
23. This is the person who Creative Initiatives should contact for more information about the organization, its needs, or its ability to participate effectively in a Creative Initiatives Workshop.
24. An applicant is encouraged to submit public information about the organization with the application form. Internal planning documents do not need to be submitted with the application, but they should be available if a CIF Associate visits the organization’s place of business. Confidential documents that are submitted should be clearly marked “CONFIDENTIAL – Destroy after review.”
25. This completed statement reflects the organization’s vision. As such, it should identify the component(s) of the “ideal future world” that the organization is committed to creating for our children and grandchildren. Examples might be, *...the world will be free of intolerance; ...the world will be free of child abuse; or, the world will be free of illiteracy.*
26. Answer this question even if the organization’s mission statement is included with the application.
27. If in doubt, provide your opinion on a separate sheet. Answer this question even if the organization’s mission statement is included with the application.
28. The purpose of this question is to help identify what the organization is trying to change (outcomes that can be measured) as opposed to what the organization does (activities and services the organization provides).
29. Enter at least three beliefs, principles, or values that are held in common by organization stakeholders and practiced in their work on behalf of the organization. For example: we believe in truth and honesty; we are client-centered; everyone is involved in the planning process, etc. You may enter more than three.
30. Enter at least three assumptions the organization relies on when planning or delivering services. For example: the government will always finance public education; corporations will continue to support our programs; children will always need to be protected from abusive parents; the arts and arts education are a critical component of public education, etc.
31. Enter the personal expectations of the person responsible for the organization deciding to apply for a Creative Initiatives Workshop grant. For example: front-line service providers will be more enthusiastic; the governing board will understand the concerns of management;

everyone will agree on which program to cut; all stakeholders will commit to the new program, etc.

32. The number of board members willing to participate in a workshop is the most important criteria the foundation uses when determining whether to fund a workshop. You must share this opportunity with board members and get their commitment to participate in the workshop prior to submitting the application. The foundation will randomly contact board members listed on the application to ascertain their willingness to participate.
33. Enter the rules required to ensure that all participants will feel free to express their opinions without fear of criticism or retribution, that workshop time will be used productively, and that the wished for results will be achieved. For example: all participants are equal; no personal comments or blaming; respect for each others' opinions, effective time management, no cellular phones; etc.
34. The number of board members willing to participate in a workshop is the most important criteria the foundation uses to determine whether to fund a workshop.
- 34-35. The second most important criteria the foundation uses for determining whether to fund a workshop is the degree to which all stakeholder groups will be represented. Management, employee, and service recipient stakeholders must be represented at workshops funded by the Creative Initiatives Foundation. Participants may represent more than one stakeholder group. For example, a school board member who is also the parent of a student; a service recipient who also is a board member; or an employee whose child or parent is a service recipient.
- 36-40. Organizations that include representatives of major funding sources, regulators, or additional stakeholder groups will be given funding priority.

If your organization qualifies for a workshop grant, then four major stakeholders will be asked to complete an application questionnaire. The foundation's final decision will be based on the information contained in the application form and the questionnaires.

1. SOURCE	2. DATE SUBMITTED:	
	3. DATE RECEIVED:	

**ORGANIZATION INFORMATION**

4. ORGANIZATION NAME:		
5. ORGANIZATION ADDRESS:  _____		6. How many members are there on your decision-making board?  _____
		7. Has the board endorsed the organisation's application for a workshop grant?  _____
8. PHONE:	9. FAX:	10. INTERNET HOMEPAGE URL (if any):
11. NUMBER OF EMPLOYEES: <input type="text" value="FT"/> <input type="text" value="PT"/>	12. NUMBER OF VOLUNTEERS:	13. NUMBER OF EXTERNAL SERVICE RECIPIENTS:
14. TYPE OF APPLICANT: <i>(Enter the most appropriate letter in box.)</i>		15. PRIMARY SERVICE RECIPIENTS <i>(Check all that apply.)</i>
A. Government B. Public Education C. Health Services D. Arts E. Environmental	F. Charitable Foundation G. Community Foundation H. Service Club I. Professional Association J. Other <i>(Describe)</i> _____	<input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped <input type="checkbox"/> Adults <input type="checkbox"/> Local Population <input type="checkbox"/> Youth <input type="checkbox"/> New Immigrants <input type="checkbox"/> Children <input type="checkbox"/> Other
16. FUNDING SOURCES <i>(Give percentage in boxes)</i>		17. Has the organization ever used the services of an outside consultant? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Social Welfare Department <input type="checkbox"/> Individuals <input type="checkbox"/> Community Chest <input type="checkbox"/> Corporations <input type="checkbox"/> Jockey Club Charities Trust <input type="checkbox"/> Other <input type="checkbox"/> Foundation		18. What was the purpose of the consultation?
		19. How would you describe the experience?
20. How did you first hear about the Creative Initiative Foundation?		
<input type="checkbox"/> Farris Associates <input type="checkbox"/> Past Workshop Participant <input type="checkbox"/> CIF Associate    _____ <input type="checkbox"/> Other		
21. What is the most significant issue or problem facing this organization today?		
22. What is the most significant issue or problem facing this organization in the future?		

**CONTACT INFORMATION**

23. PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION	
Name _____	
Position _____	
Phone _____ ext _____	
Email _____	

24. Which of the following documents does the organization possess? <i>(Check all appropriate boxes.)</i>	
Public information must be included with the application.	
<input type="checkbox"/> Vision Statement	<input type="checkbox"/> News articles
<input type="checkbox"/> Mission Statement	<input type="checkbox"/> Business Plan
<input type="checkbox"/> Annual Report	<input type="checkbox"/> Strategic Plan
<input type="checkbox"/> Brochures	<input type="checkbox"/> Operational Plan

<b>VISION</b>
25. COMPLETE THE FOLLOWING SENTENCE
Our organization is working to ensure that tomorrow's world will be free of _____
_____
_____
_____

<b>MISSION</b>
26. Does the organization's mission statement include clearly defined and measurable objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is there a strong correlation between the mission's stated objectives and the organization's results? <input type="checkbox"/> Yes <input type="checkbox"/> No
28. If this organization is the solution to a problem, what is the problem?
_____
_____

<b>CORE VALUES</b>
29. What are the organization's Core Values?
_____
_____
_____

<b>MAJOR ASSUMPTIONS</b>
30. What are the major assumptions the organization relies on to deliver services?
_____
_____
_____

<b>WORKSHOP EXPECTATIONS &amp; RULES</b>
31. What do you expect the organization to accomplish by participating in a Creative Initiative Workshop?
_____
_____
32. What rules do you think participants should adhere to during the workshop?
_____
_____
33. Are there any nonnegotiable policies or constraints that need to be articulated up front? If yes, please describe each one.
_____
_____
_____

**WORKSHOP PARTICIPANTS**

**34. BOARD MEMBER PARTICIPANTS:** List the names of the board members who can be expected to attend the workshop.

Name: _____ Profession: _____	Name: _____ Profession: _____
Name: _____ Profession: _____	Name: _____ Profession: _____
Name: _____ Profession: _____	Name: _____ Profession: _____
Name: _____ Profession: _____	Name: _____ Profession: _____
Name: _____ Profession: _____	Name: _____ Profession: _____

**35. MANAGEMENT PARTICIPANTS:** List the names of managers or project coordinators who can be expected to attend the workshop.

Name: _____ Position: _____	Name: _____ Position: _____
Name: _____ Position: _____	Name: _____ Position: _____

**36. FRONT-LINE EMPLOYEE PARTICIPANTS:** List the names of front-line employees who can be expected to attend the workshop.

Name: _____ Position: _____	Name: _____ Position: _____
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**37. SERVICE RECIPIENT PARTICIPANTS:** List the names of service recipients who can be expected to attend the workshop.

Name: _____ Represents: _____	Name: _____ Represents: _____
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**38. FINANCIAL CONTRIBUTORS:** List the name of a major contributor who can be expected to attend the workshop.

Name: _____ Represents: _____
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**39. REGULATORS:** List the name of a regulator who can be expected to attend the workshop.

Name: _____ Represents: _____
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**40. MORE:** How many more people should attend the workshop?  Include their names and association on a separate page.