



**2017 StEPs-CT Application Form for**

**New Organizations:**

**Cover Sheet**

**Section I: Applicant Information**

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Director or Authorizing Official: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web address: \_\_\_\_\_

Institution's Annual Budget: \_\_\_\_\_

Are you currently a CLHO member organization? \_\_\_\_\_ AASLH member organization? \_\_\_\_\_

Are you applying for (Choose 1): \_\_\_\_\_ the 3-unit, \$300 per unit StEPs-CT track or \_\_\_\_\_ the 6-unit, \$200 per unit track?

**Section II: Application Narrative**

Answer the following questions, using no more than two (2) 8 1/2" x 11" pages. Please include question numbers before each answer. Use a font size of at least 11 points.

- 1. Organization Description:** Please share your organization's mission and describe how your programs and activities help to promote and share that mission with your audience. Of all your programs and activities, which is most important to your organization and why? Please describe your organization's staffing structure, including number of paid and unpaid staff, and volunteers.
- 2. Narrative:** Why does your organization want to participate in the StEPs-CT program? What areas or issues at your organization are most in need of improvement? Please describe how participation in this StEPs-CT unit will benefit your institution. How will you sustain StEPs-CT training within your organization, both during the program itself and after its conclusion? Can your organization commit to attending all training sessions over the duration of the program (either 3 or 6 units) and to paying all program fees (\$300 or \$200 per unit, depending on track)?

**Section III: Supporting Materials**

CTH is required to keep certain documents about your organization on file and uses others to aid in the review of your application. Please provide copies of the applicant organization's:

- Board of directors list
- Current year's operating budget

**Section IV: Certification**

\_\_\_\_\_  
Authorizing Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorizing Official Printed Name

\_\_\_\_\_  
Date