



Certification Program and Subject Matter Certificate Application

January 2025 through December 2025 (Class limited to 20 Organizations)

Applicant Information

Applying as an Individual? Yes No Applying as an Individual for an Organization? Yes No

Organization: _____

Contact Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____

Street Address

Apartment/Unit #

City

State

Zip

Are you applying for a certification program? Yes No If yes, please indicate which one below:

Organizational Excellence Full Year Program (**\$2,500 w/ up to 4 participants**)

Core Competencies (Organizations Under \$100,000) Full Year Program (**\$500 w/ 1 participant**)

Certification program members MUST attend all full-day classes, the nonprofit summit, and expert panel lunches

Section Total: \$ _____

Subject Matter Certificates: \$399 (4 participants) | \$299 (2 participants) | \$199 (1 participant)

Powerful Nonprofit Boards Certification (March 6, March 27, April 24, May 8)

Capital | Comprehensive | Major Gift Campaign Certification (September 5 & 19, October 17 & 29, November 7, December 3)

Section Total: \$ _____

Virtual Subject Matter Certificate: \$100 (1 participant)

Dini Spheris Fundraising Bootcamp Certification (11:30am-12:30pm January 29, February 26, March 28, April 30, May 28, June 25, July 31, August 27, September 24, October 22, November 18)

Section Total: \$ _____

Grand Total: \$ _____

If referred, I was referred to apply by:

Name: _____

To see full calendar of offerings and requirements, scan this QR code:



Nonprofit Exemption Type

501 – c3/c9 etc: _____ EIN #: _____ Annual Revenue: _____

If applicable, list anticipated attendees (Please include yourself.):

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Can you or your Organization commit to having a representative at all required class days? Yes No

(Please refer to the QR code on the previous page for the full list of required courses.)

If no, please explain _____

Client Demographics

Annual number of clients served: _____ We do not track demographics

Please provide percentages correlating to the demographics below or select (do not track) as appropriate.

Low to moderate income (LMI) individuals: _____% LMI households: _____% Not tracked

Please provide a brief explanation of how your Organization verifies the percentage of LMI individuals and households served: _____

Ethnicity of clients served.

American Indian/Alaskan Native: _____% Asian: _____% Black/African American: _____%

Hispanic/Latinx: _____% Multiracial: _____% Native Hawaiian or Pacific Islander: _____%

White: _____% Not tracked

Gender of clients served.

Male: _____% Female: _____% Non-binary/Gender Fluid/Gender Queer: _____%

Other: _____% Not tracked

Sponsorship/Scholarship Information

Do you need a certification sponsor/scholarship to be able to participate in this program? Yes No

For what portion of the cost would you need assistance? _____

If you checked yes to the above question, share why your organization should be selected to receive a scholarship covering all or a portion of your enrollment below. Please indicate whether you are applying for the Core Competencies Certification (Revenue below \$100K, 1 seat) or the Organizational Excellence Certification (4 seats).

I understand that if I, or my Organization, do not actively participate in the certification program or subject matter certificate for which scholarship funds have been awarded, responsibility for repayment of funds awarded will fall to myself or my Organization.

I certify that my answers are true and complete to the best of my knowledge.

If applying for Organizational Excellence or Core Competencies the following information is required. If not applying for Organizational Excellence or Core Competencies, please skip to, and complete, the Board Leader's Endorsement of Application and Code of Conduct/Disclaimer on the final page.

Please attach an Organizational Chart specifying names, titles, and contact information for your employees.

Do you use an independent auditor? Yes No

Is your Organization currently involved in any ongoing lawsuits? Yes No

If yes, please explain: _____

Organization Information

Number of locations: _____ Primary location: _____

What is your Organization's greatest strength? _____

What is your Organization's greatest need? _____

What accounting year does your Organization operate on? Fiscal year, calendar year? Enter the dates below.

From: _____ To: _____

Please share why you are applying for the certification program and what benefits you hope to garner for the clients you serve. (Use additional pages if needed.)

Please share any additional information on why you think your organization should be admitted into the 2025 certification class using the space below (or attach a one-page letter).

Attachments to Include

IRS Determination Letter	ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sales Tax Exemption	ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Board List (Includes Company Name and Board Position)	ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Report to the State of Florida	ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mission Statement	ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Organizational Chart	ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No

Board Leader's Endorsement of Application

Name: _____ Company: _____

Phone: _____ Email: _____

Involved since (year): _____ Monthly volunteer hours: _____

Does your board approve of your Organization's participation in the 2025 class? Yes No

Board Chair Signature: _____ Date: _____

Code of Conduct, Disclaimer, and Signature

Code of Conduct

The Pensacola State College Foundation through the Center for Nonprofit Excellence and Philanthropy is committed to connecting individuals and organizations to educational resources and community networks that help support a vibrant, thriving nonprofit landscape. To fulfill our mission and purpose as an organization, it is imperative that individuals and organizations enrolled in, participating in, or otherwise benefitting from the resources that the Center offers comply with a strict code of conduct. As a value-based organization, we expect all individuals to treat others with respect and to be collaborative with a focus on serving the community with a commitment to caring. Individuals and organizations are subject to revocation of membership, enrollment in certification programs, and/or admission to PSCF Center for Nonprofit Excellence and Philanthropy events if they are engaged in activities that are determined to be harassment, abuse or assault, bullying, illegal activity, discrimination, plagiarism, and delinquency in payment.

Disclaimer

If this application leads to enrollment in the 2025 Certification Series, I understand that attendance to all required classes and submission of a complete organizational portfolio is necessary for potential receipt of certified agency status. I also understand that admission into the 2025 Certification Series, any subject matter certification, and/or receipt of a certification scholarship obligates the applicant to reciprocal promotion of the Center via a minimum of 10 pre-approved social media postings throughout the series and a minimum of 2 pre-approved event spotlights during 2025.

Organization Leader Signature: _____ Date: _____

Board Chair Signature: _____ Date: _____