Social Innovator Accelerator Application Questions

At Social Innovation Forum (SIF), we want our programs to be reflective of and responsive to the Eastern Massachusetts community. We strive to shift power and resources by moving away from traditional—and inequitable—funding practices. With 92% of foundation CEOs being white*, inequities in funding have kept resources with those that have historically been in power. Meanwhile, only 10% of foundation grantmaking in the US goes to communities of color**. We are increasingly shifting our work to address this imbalance by using our role as an intermediary to direct resources to organizations led by those who are representative of the communities they serve. In order to hold ourselves accountable to this goal and to measure our effectiveness, we need to collect information about the demographics of the leadership of the organizations that participate in our programs and their constituents. Throughout this application, we will be asking demographic questions which will only be used for internal purposes and not evaluated on. You may check “prefer not to answer” to any of these questions.

*https://www.d5coalition.org/wp-content/uploads/2016/04/D5-SOTW-2016-Final-web-pages.pdf
**https://racialequity.org/wp-content/uploads/2019/11/1126_PRE_Infographic_final.pdf

Organization Information

Applicant Program or Organization Name*

Standalone organization or program within an organization?*

- ☐ Standalone organization
- ☐ Program within an organization

    What is the name of your parent organization?

Is your organization a chapter or affiliate of a national organization?*

- ☐ Yes
- ☐ No

Basic Criteria*

If you do not meet these basic criteria, we advise you not to apply for the Accelerator program this year.

- ☐ Registered 501c3 or use a fiscal agent
- ☐ At least 1.5 paid staff (not including volunteers, board members, or consultants)
- ☐ Budget between $100,000 - $2M
- ☐ At least 75% programming in Eastern MA
- ☐ Operating for at least 3 years (since June 2023)

Social Issue Track*

Track criteria can be found here.

- ☐ Advancing Economic Mobility for Women & Girls
- ☐ An Arts Path to Creativity, Problem-Solving and Self-Realization for Youth K–12
- ☐ Building Financial Resilience
- ☐ Expanding Educational and Career Pathways for Youth and Young Adults

Have you applied to the Social Innovator Accelerator before?*

- ☐ Yes
- ☐ No

Application Author
First Name*
Last Name*
Title*
Email Address*

Organization Address*

Date Organization/Program Founded*

Please upload your organization's 501c3 (or fiscal agent) documentation*
[File Upload]

Website*
Facebook
Instagram

Social Media - feel free to share links to any other platforms where you share information and news

Organization Contact Information

Director/CEO
First Name*
Last Name*
Title*
Work Phone*
Cell Phone
Email Address*

Do you have a secondary contact?*
The secondary contact should be someone that might be involved with the Accelerator process should your organization be selected, e.g. the program director, development director, etc.

- ☐ Yes
  - First Name*
  - Last Name*
  - Title*
  - Work Phone*
  - Cell Phone
  - Email Address*
- ☐ No

Lead Innovator

The Lead Innovator should be the leader of the program or organization and will be expected to attend all Accelerator sessions and present on behalf of their organization at the Social Innovator Showcase.

Who is your organization's Lead Innovator?*

- ☐ Director/CEO
- ☐ Secondary Contact
- ☐ Other
  - First Name*
  - Last Name*
  - Title*
  - Work Phone*
  - Cell Phone
  - Email Address*

When did the Lead Innovator start working with the applicant organization/program?*

When did the Lead Innovator assume their current title?*

What was the Lead Innovator's previous place of employment and position?
(100 word maximum, no minimum word count)*

In their own words, please have the Lead Innovator explain what brought them to this work. (300 word maximum, no minimum word count)*

Program Model

Mission Statement (200 word maximum, no minimum word count)*

A short description of each program (400 word maximum, no minimum word count)*

How do you see your work aligning with the bullets listed in the track criteria? Please refer to the track criteria on our website. (300 word maximum, no minimum word count)*

How would you describe the majority of your work*

- ☐ Direct Service
- ☐ Intermediary
- ☐ Advocacy
- ☐ Other _____

Target Population

To help us understand who your organization serves, and to meet our own reporting requirements as a nonprofit, we ask applicants to share information about their communities and service areas. Please select all that apply. This is not an exhaustive list. You're welcome to use the optional section comments below to share more about your target population.*

- ☐ Primarily serve majority BIPOC populations (over 50%)
- ☐ Primarily serve majority LMI (low- or moderate-income) populations (over 50%)
- ☐ Offer dedicated programming for youth
- ☐ Offer dedicated programming for women and girls
- ☐ Offer dedicated programming for the LGBTQ+ community
- ☐ Offer dedicated programming for people with disabilities

Is there anything else you'd like to share about your target population? (Optional) (200 word maximum, no minimum word count)

Primary Geography
Please share where a majority of your programming takes place. Our definitions come from the following sources: Boston Proper, Greater Boston, and Gateway Cities.

- ☐ Boston Proper
- ☐ Greater Boston
- ☐ Gateway Cities
- ☐ Other _____

How many sites do you have and where are they located? (200 word maximum, no minimum word count)*

What is the cadence/frequency of your programs? (how often do program participants engage in/with programs, how frequently do you organize convenings, etc.) (200 word maximum, no minimum word count)*

What is innovative about your approach compared to other nonprofits working to achieve similar outcomes? (300 word maximum, no minimum word count)*

Is there anything else that you would like to share to help us gain a better understanding of what the applicant organization/program does and what you're trying to accomplish? (Optional) (200 word maximum, no minimum word count)

Data Collection

Please list three to five metrics (for 2025 - 2027) that the leadership team is using to measure outputs of the applicant organization/program. **If you are applying for a program of an organization, please list the program's outputs.** If your 2026 fiscal year is not complete, please estimate this information.

Outputs measure the direct products of your program - the services delivered, activities completed, and people reached.

Examples include, but are not limited to:

- Number of hours of service provided
- Number of partners
- Number of campaigns
- Number of initiatives

	2025	2026	2027 (P)
Metric/Output #1*			
Metric/Output #2*			
Metric/Output #3*			
Metric/Output #4			
Metric/Output #5			

Total Number of Program Participants

What is the total number of program participants you served in your most recent completed fiscal year?* For example, "Program Participants = 250" *(150 students + parents)*. Having this data point is helpful for our grant reporting, but please know that we will focus on the additional data you share in your outputs and outcomes sections.

Please provide examples of the applicant organization/program's outcomes if applicable. Outcomes measure change that occurs due to your program. Examples include, but are not limited to:

- Percentage of participants employed upon program completion
- Percentage of participants demonstrating improved conflict resolution skills
- Percentage of participants who graduate from high school

Outcome data may be shared via survey numbers, focus group notes, testimonials, etc. (400 word maximum, no minimum word count)*

Outcomes Document (Optional)
[File Upload]

Is there anything else you'd like to share about outputs, outcomes, or program evaluation? (Optional) (200 word maximum, no minimum word count)

Goals

Please describe the applicant organization/program's priority goals for the next 2-3 years, including fundraising goals and who will support those efforts. (300 word maximum, no minimum word count)*

Financial and Staffing Information

Please provide the following information for the applicant organization/program. **If you are applying for a program of an organization, please list the program's financial and staffing information.**

Please provide us with information for fiscal years 2024 through 2027 (Projected). If your 2026 fiscal year is not complete, please estimate this information.

Fiscal Year	Revenue*	Expenses*	Paid Full-time staff*	Paid Part-time staff*	Board Members*
2024					
2025					
2026					
2027 (P)					

What is your fiscal year end?*

Does the leader of your organization identify as BIPOC?
SIF is committed to uplifting small to midsized community-led organizations, especially those that are BIPOC (Black, Indigenous, and People of Color) led. This question is for internal purposes only and will not be shared with application evaluators.

- ☐ Yes
- ☐ No

Does the majority of your staff and board identify as BIPOC?
This question is for internal purposes only and will not be shared with application evaluators.

FY26 - Majority of staff identify as BIPOC:

- ☐ Yes
- ☐ No

FY26 - Majority of Board Members identify as BIPOC:

- ☐ Yes
- ☐ No

Comments (Optional) (300 word minimum, no maximum word count)

Diversity, Equity, and Inclusion

How does the organization ensure that community members are meaningfully involved in decision-making and leadership, and that its staff and board are both reflective of and accountable to the community it serves? (300 word maximum, no minimum word count)*

Describe what goals, if any, the applicant organization/program has developed around Diversity, Equity and Inclusion (DEI). How do you track progress toward these goals? This question comes from the Philanthropy MA Common App. (300 word maximum, no minimum word count)*

Collaboration

Is the applicant organization/program working with other organizations, coalitions, and/or networks to advance your mission? If so, please share three examples of these collaborations and the nature of the partnerships.*

Partnership #1 (100 word maximum, no minimum word count)

Partnership #2 (100 word maximum, no minimum word count)

Partnership #3 (100 word maximum, no minimum word count)

Fundraising

What is the applicant organization/program's current breakdown of revenue sources?

For the most recent, complete fiscal year, please estimate the percentage of the applicant organization/program's total revenue that comes from the following sources. (Total % must equal 100)

Foundation Grants (non-Corporate)*	
Corporate Grants*	
Individual Donations*	
Government Grants/Contracts*	
Earned Income (e.g., program and service fees, ticket sales, membership dues)*	
Investments/Interest*	
In-kind Donations*	
Support from Parent Organization*	
Other*	

Capacity Building Support

Why do you think this year is the best time for the applicant organization/program to participate in the SIF's capacity-building program? How do you think the program can help your organization achieve its goals? Please refer to the Benefits to Social Innovators section on our website for more information about what SIF can offer your organization/program. (300 word maximum, no minimum word count)*

Do you have plans to engage with any external coaches or consultants or to begin or work on a strategic plan from January-May of 2027? If yes, describe the nature and timing of the engagement. Due to the time-intensive nature of the first 6 months of the Accelerator and the forward planning that occurs during this time, we find it helpful to understand what other engagements you anticipate during that time. (300 word maximum, no minimum word count)*

Conclusion

Audited Financial Statements*

Please upload applicant organization/program's audited financial statements.

For programs and organizations that do not conduct their own financial audit, please upload a profit and loss statement or balance sheet.

Strategic Plan (Optional)

Applicant organization/program's most recent strategic plan.

Additional Document Upload (Optional)

Additional existing document applicant organization/program would like to share with SIF.

I certify that the Lead Innovator and/or another member of the senior leadership team is/are:*

- Aware that if selected as a finalist, one or two members of the senior leadership team, including the Lead Innovator, will engage in a Site Visit in October/November 2026 to be considered for the program
- Able to attend a day-long orientation session in early December 2026
- Committed to participating in an intensive one-on-one consulting engagement from January-May 2027 plus some prep work in December 2026
- Open to coaching and new ideas to support the growth of the program/organization.
- Able to present a memorized five minute presentation at the Social Innovator Showcase in May 2027

You must agree to this Statement of Agreement in order to be considered for the 2027 Social Innovator Accelerator. Select "I agree," and sign below before submitting your application.

☐ I agree
Digital signature_____