

<p style="text-align: center;">NCDI GUIDELINES FOR CONTRACTING WITH CONSULTANTS 2004</p>

Selection Procedures

The following guidelines are used by NCDI to contract with external consultants:

1. Get authorization from the President to hire a consultant at a specified professional fee.
2. Identify potential consultants and share information about the scope of work, fee schedule and timeline for the technical assistance project.
 - a. If applicable, issue an RFP describing the technical assistance project.
3. Request that the consultant submit a technical assistance plan with the following information:
 - a. Name
 - b. Contact information (Address, Phone, Fax, and E-Mail)
 - c. Scope of Work (Key Tasks, Timeline and Products)
 - d. Fees (Rate per Hour/Day; Estimated Hours/Days to Complete Scope of Work; and Total Estimated Fees)
4. Select a consultant (s) and finalize the technical assistance plan.
5. Prepare a contract to be signed by the consultant and the President.
6. NCDI retains the right to sever relationships with a consultant if that is in the best interest of our firm or a client organization.

Matching Consultants with Client Organizations

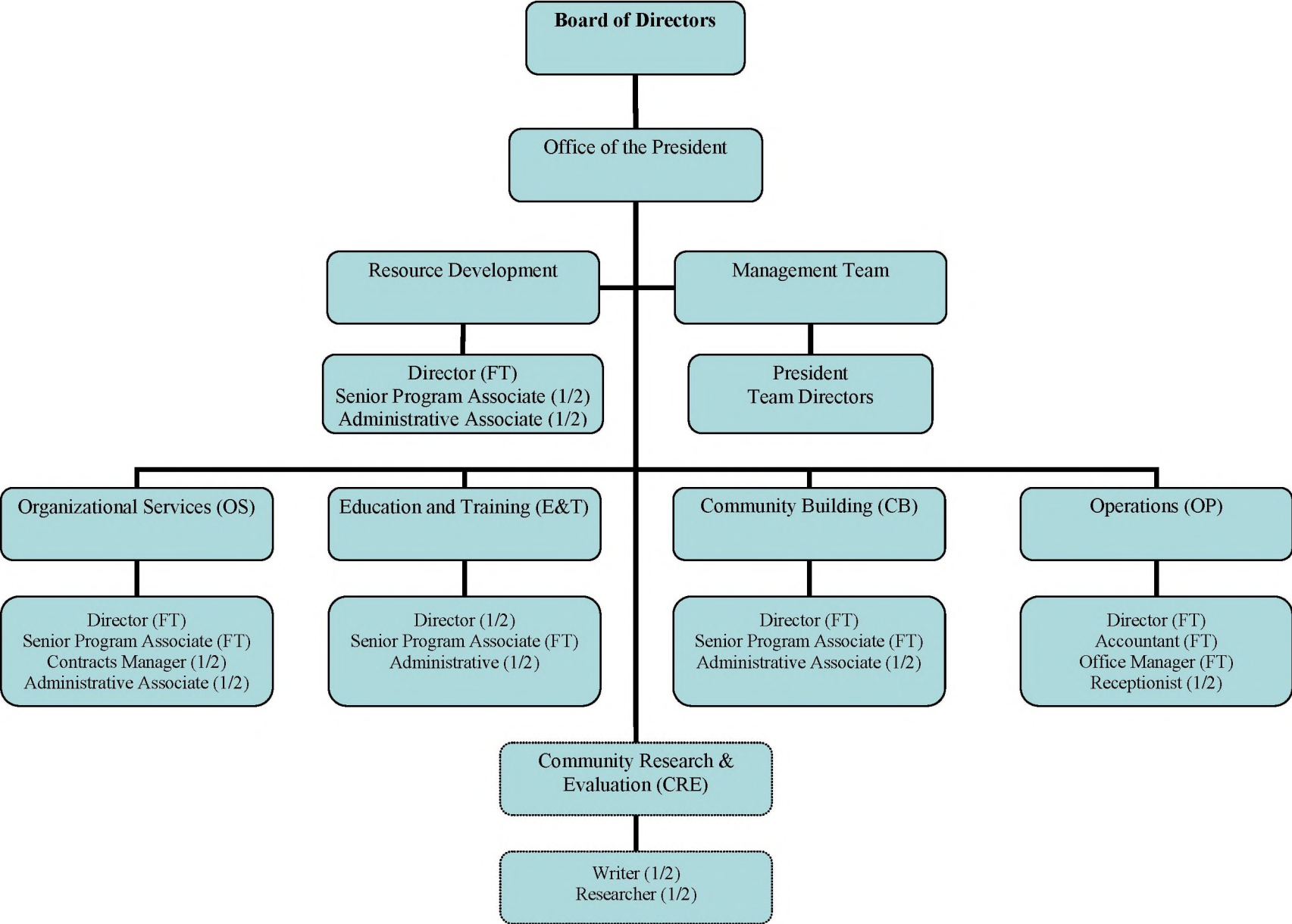
Selection of consultants is normally based on the following criteria (not in ranked order):

1. Ethnic or language match
2. Match between the client organization's technical assistance needs and consultant's skills, experiences and specializations
3. Previous field experience working on a similar NCDI project or *other* field experience working on a similar project
4. Successful completion of an NCDI training program (e.g., PDC or CBLI)
5. Positive feedback about our work from client organizations (callbacks)

**NATIONAL COMMUNITY DEVELOPMENT INSTITUTE
ORGANIZATIONAL SNAPSHOT
2003**

Core Functions	Where We Are Now?	Bridging the Gap
<i>Programs and Services</i>		
Program Model	<ul style="list-style-type: none"> • Culturally-based capacity building for social change model developed 	<ul style="list-style-type: none"> • Developing products to franchise our capacity building model • Aligning current programs with strategic priorities
Consultants	<ul style="list-style-type: none"> • 200 PDC alumni 	<ul style="list-style-type: none"> • Engaging PDC alumni in the Bay Area • Developing “pathway” training program for consultants in other regions • Recruiting national pool of consultants
Clients	<ul style="list-style-type: none"> • Served over 1,200 client organizations in 38 states and 80 cities 	<ul style="list-style-type: none"> • Establishing fixed market • Identifying strategic partners in other regions
Expansion	<ul style="list-style-type: none"> • Midwest Regional office established 	<ul style="list-style-type: none"> • Exploring feasibility of establishing a hub site in the South and Northeast/ Mid-Atlantic region by 2009
Evaluation	<ul style="list-style-type: none"> • Various tools developed by NCDI staff 	<ul style="list-style-type: none"> • Developing an evaluation process to assess our fieldwork
<i>Operations</i>		
Finance	<ul style="list-style-type: none"> • Financially stable • Key partnerships with local/national funders 	<ul style="list-style-type: none"> • Preparing/implementing resource development plan • Building donor base • Establishing endowment
Staff	<ul style="list-style-type: none"> • Diverse capable staff 	<ul style="list-style-type: none"> • Building cohesive team • Managing workloads • Defining/implementing leadership transition plan
Board	<ul style="list-style-type: none"> • Strong regional board with statewide and national reps 	<ul style="list-style-type: none"> • Developing national board • Engaging current board
Facility	<ul style="list-style-type: none"> • Central located in quality space 	<ul style="list-style-type: none"> • Paying exorbitant rent • Buying a facility
Policies and Procedures	<ul style="list-style-type: none"> • Various policies and procedures 	<ul style="list-style-type: none"> • Updating manuals for clients and consultants • Updating Personnel Manual
Marketing	<ul style="list-style-type: none"> • Regional visibility/credibility • More national exposure 	<ul style="list-style-type: none"> • Implementing marketing strategy • Increasing national visibility • Positioning NCDI in the capacity-building field • Branding NCDI

NATIONAL COMMUNITY DEVELOPMENT INSTITUTE



**NATIONAL COMMUNITY DEVELOPMENT INSTITUTE
STAFF AND CONSULTANT POSITIONS/ROLES
2007**

Category	Position	Field Duties for Staff/Consultants	Experience/Qualifications
Program Staff	President	Manages foundation initiatives or other major projects and supervises staff and consultants	Extensive experience as project manager and technical support provider
	Vice President	Manages foundation initiatives or other major projects and supervises staff and consultants	Extensive experience as project manager and technical support provider
	Director	Manages foundation initiatives or other major projects and supervises staff and consultants	Extensive experience as project manager and technical support provider
	Senior Program Associate	Works independently on NCDI contracts or as part of a project team including supervision of staff and consultants as assigned	Able to do independent, unsupervised field work or manage key components of a multi-faceted project
	Program Associate	Provides field and project management support (back office) for senior staff	Able to provide field support for and manage projects of varying size and complexity
	Program Assistant	Provides program support for senior staff as assigned	Has experience providing programmatic/secretarial support to senior staff on multiple projects
Administrative Staff	Director	Manages administrative/ fiscal operations and supervises staff and consultants	Extensive experience managing administrative/ fiscal operations
	Senior Administrative Associate	Works independently on key administrative or fiscal functions including supervision of staff and consultants as assigned	Able to manage key administrative or fiscal functions and work independently without supervision
	Administrative Associate	Provides administrative or fiscal management support for senior staff with general supervision	Able to provide back office support for administrative/ fiscal functions of varying scope and complexity
	Administrative Assistant	Provides administrative support for staff as assigned	Has experience providing administrative/fiscal support to staff on multiple projects
	Secretary/Receptionist	Provides secretarial support for staff as assigned and serves as receptionist	Able to assist administrative staff as assigned

Category	Position	Field Duties for Staff/Consultants	Experience/Qualifications
Consultants	Senior Consultant	Works independently as a lead consultant on major projects/initiatives or has a key leadership role on a project team	<ul style="list-style-type: none"> • Extensive experience as a project manager and technical support provider • Able to do independent, unsupervised field work • Direct experience working with one or more senior staff on projects of comparable size and complexity • A body of work that reflects a commitment to high quality, client-centered services
	Consultant	Functions as a Senior Program Associate, working independently on NCDI contracts or as part of a project team including supervision of other contract staff as assigned	Able to do independent, unsupervised field work or manage key components of a multi-faceted project
	Project Associate	Functions as a Program Associate, providing field and project management support (back office) for senior staff	Able to provide field support for and manage projects of varying size and complexity
	Project Assistant	Functions as Program Assistant, providing program support for senior staff or consultants	Has experience providing programmatic/secretarial support to senior staff on multiple projects



NATIONAL COMMUNITY DEVELOPMENT INSTITUTE

900 Alice Street, Suite 300 • Oakland, CA 94607 • (510) 763-4120
 (510) 763-5851 FAX • www.ncdinet.org

Application Form For NCDI Consultants

DEMOGRAPHIC INFORMATION				DATE:	
FIRST NAME:			LAST NAME:		
HOME ADDRESS:					
CITY:		STATE:		ZIP CODE:	
HOME TELEPHONE:		FAX:		EMAIL:	
PAGER/CELL:				WORK PHONE:	

<i>THE INFORMATION BELOW IS OPTIONAL AND MAY BE USED TO MATCH NCDI CONSULTANTS WITH CLIENT ORGANIZATIONS</i>						
RACE/ETHNICITY (PLEASE CHECK ALL THAT APPLY):						
<i>AFRICAN AMERICAN</i>	<input type="checkbox"/>	<i>EUROPEAN AMERICAN</i>	<input type="checkbox"/>	<i>PACIFIC ISLANDER</i> (_____)	<input type="checkbox"/>	
<i>ARAB / MIDDLE EASTERN</i> (_____)	<input type="checkbox"/>	<i>LATINO</i> (_____)	<input type="checkbox"/>	<i>MULTI-RACE/ETHNICITIES:</i> _____	<input type="checkbox"/>	
<i>ASIAN</i> (_____)	<input type="checkbox"/>	<i>NATIVE AMERICAN</i> (_____)	<input type="checkbox"/>	<i>OTHER</i> (_____)	<input type="checkbox"/>	
LANGUAGES (PLEASE LIST): _____						
GENDER <i>FEMALE</i>	<input type="checkbox"/>	SEXUAL IDENTITY <i>BI-SEXUAL</i>	<input type="checkbox"/>	<i>TRANSGENDER</i>	<input type="checkbox"/>	
<i>MALE</i>	<input type="checkbox"/>		<i>GAY</i>	<input type="checkbox"/>	<i>LESBIAN</i>	<input type="checkbox"/>
			<i>HETEROSEXUAL</i>	<input type="checkbox"/>	<i>OTHER (_____)</i>	<input type="checkbox"/>
AGE GROUP:						
<i>UNDER 25</i>	<input type="checkbox"/>	<i>25-34</i>	<input type="checkbox"/>	<i>35-44</i>	<input type="checkbox"/>	
		<i>45-54</i>	<input type="checkbox"/>	<i>55-64</i>	<input type="checkbox"/>	
				<i>65+</i>	<input type="checkbox"/>	
EDUCATION (PLEASE INDICATE FIELD OF STUDY):						
<i>HIGH SCHOOL/TECHNICAL</i>	<input type="checkbox"/>	<i>ASSOCIATES DEGREE:</i>	<input type="checkbox"/>			
<i>BACHELORS DEGREE:</i>	<input type="checkbox"/>	<i>MASTERS:</i>	<input type="checkbox"/>			
<i>PH.D.:</i>	<input type="checkbox"/>	<i>OTHER:</i>	<input type="checkbox"/>			
ARE YOU A GRADUATE OF THE PDC (PROFESSIONAL DEVELOPMENT OF CONSULTANTS) OR THE CBLI (COMMUNITY BUILDERS LEADERSHIP INSTITUTE)? <input type="checkbox"/> YES <input type="checkbox"/> NO						

PERSONAL/PROFESSIONAL GOALS (ANSWER HERE OR ON A SEPARATE PAGE)

WHAT GOALS (PROFESSIONAL/PERSONAL) WOULD YOU LIKE TO ACHIEVE BY JOINING THE NCDI CONSULTING GROUP?

EMPLOYMENT

CURRENT STATUS (CHECK ALL THAT APPLY):

EMPLOYED F/T EMPLOYED P/T CONSULTANT F/T CONSULTANT P/T UNEMPLOYED

IF EMPLOYED:

TYPE OF ORG: NON-PROFIT FOR-PROFIT GOVERNMENT OTHER

NAME OF ORGANIZATION: _____ **POSITION:** _____

IF CONSULTED IN THE PAST, HOW MANY YEARS? _____

IF CONSULTANT:

TYPE OF PRACTICE: SOLE-PROPRIETOR PARTNERSHIP CORPORATION OTHER

YEARS CONSULTING WITH ORGANIZATIONS SERVING COMMUNITIES OF COLOR OR OTHER MARGINALIZED GROUPS? _____

AREAS OF EXPERTISE

NOTE: FOR THE FOLLOWING QUESTIONS, WE DEFINE 'EXPERTISE' AS HAVING EXTENSIVE EXPERIENCE IN TRAINING, COACHING OR PROVIDING TECHNICAL ASSISTANCE.

WHICH POPULATIONS DO YOU HAVE EXPERIENCE WORKING WITH?

<i>AFRICAN AMERICAN</i> (_____)	<input type="checkbox"/>	<i>LATINO</i> (_____)	<input type="checkbox"/>	<i>OTHER RACE/ETHNICITY</i> (_____)	<input type="checkbox"/>	<i>LOW-INCOME</i>	<input type="checkbox"/>
<i>ARAB / MIDDLE EASTERN</i> (_____)	<input type="checkbox"/>	<i>NATIVE AMERICAN</i> (_____)	<input type="checkbox"/>	<i>DISABLED</i>	<input type="checkbox"/>	<i>SENIORS</i>	<input type="checkbox"/>
<i>ASIAN</i> (_____)	<input type="checkbox"/>	<i>PACIFIC ISLANDER</i> (_____)	<input type="checkbox"/>	<i>IMMIGRANT</i>	<input type="checkbox"/>	<i>YOUTH</i>	<input type="checkbox"/>
<i>EUROPEAN AMERICAN</i>	<input type="checkbox"/>	<i>MULTI-RACE/ETHNICITIES:</i>	<input type="checkbox"/>	<i>LGBT</i>	<input type="checkbox"/>	<i>OTHER</i> (_____)	<input type="checkbox"/>

WHICH TYPE OF ORGANIZATIONS DO YOU HAVE EXPERIENCE WORKING WITH?

<i>ARTS/CULTURE</i>	<input type="checkbox"/>	<i>FOR-PROFIT AGENCIES</i>	<input type="checkbox"/>	<i>PHILANTHROPY</i>	<input type="checkbox"/>
<i>COMMUNITY ORGANIZING</i>	<input type="checkbox"/>	<i>GOVERNMENT</i>	<input type="checkbox"/>	<i>POLICY</i>	<input type="checkbox"/>
<i>ECONOMIC DEVELOPMENT</i>	<input type="checkbox"/>	<i>HEALTH</i>	<input type="checkbox"/>	<i>SOCIAL JUSTICE</i>	<input type="checkbox"/>
<i>EDUCATION</i>	<input type="checkbox"/>	<i>HIV/AIDS</i>	<input type="checkbox"/>	<i>SOCIAL SERVICES</i>	<input type="checkbox"/>
<i>ENVIRONMENTAL</i>	<input type="checkbox"/>	<i>HOUSING/HOMELESSNESS</i>	<input type="checkbox"/>	<i>OTHER: _____</i>	<input type="checkbox"/>

PLEASE SUBMIT A LIST OF YOUR CLIENT ORGANIZATIONS DURING THE PAST TWELVE MONTHS

WHICH TYPES OF SERVICES DO YOU HAVE EXPERIENCE PROVIDING?

PLEASE ALSO INDICATE IF YOU HAVE A STRONG INTEREST IN DEVELOPING SKILLS IN AN AREA.

	EXPERTISE	INTEREST
CONTENT AREAS		
COMMUNITY ENGAGEMENT		
COMMUNITY EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY ORGANIZING	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP DEVELOPMENT	<input type="checkbox"/>	<input type="checkbox"/>
RESIDENT ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>
YOUTH DEVELOPMENT	<input type="checkbox"/>	<input type="checkbox"/>
_____ OTHER	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY ORGANIZATIONS		
ASSET/NEEDS ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>
BOARD DEVELOPMENT	<input type="checkbox"/>	<input type="checkbox"/>
BUSINESS PLANNING/DEVELOPMENT	<input type="checkbox"/>	<input type="checkbox"/>
EXECUTIVE TRANSITIONS	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL PLANNING & FISCAL MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>
IDENTITY (MISSION/VISION/VALUES/NICHE)	<input type="checkbox"/>	<input type="checkbox"/>
HUMAN RESOURCES	<input type="checkbox"/>	<input type="checkbox"/>
MARKETING/PUBLIC RELATIONS	<input type="checkbox"/>	<input type="checkbox"/>
MEDIA RELATIONS	<input type="checkbox"/>	<input type="checkbox"/>
MERGERS / DEVOLUTION	<input type="checkbox"/>	<input type="checkbox"/>
NONPROFIT INCORPORATION / START UP	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATIONAL CULTURE	<input type="checkbox"/>	<input type="checkbox"/>
PROGRAM EVALUATION	<input type="checkbox"/>	<input type="checkbox"/>
PROGRAM/PROJECT MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>

	EXPERTISE	INTEREST
RESOURCE DEVELOPMENT	<input type="checkbox"/>	<input type="checkbox"/>
CAPITAL CAMPAIGNS	<input type="checkbox"/>	<input type="checkbox"/>
DONOR DEVELOPMENT	<input type="checkbox"/>	<input type="checkbox"/>
EVENT PLANNING	<input type="checkbox"/>	<input type="checkbox"/>
GRANT WRITING	<input type="checkbox"/>	<input type="checkbox"/>
INVESTMENT PLANNING	<input type="checkbox"/>	<input type="checkbox"/>
PLANNED GIVING	<input type="checkbox"/>	<input type="checkbox"/>
STRATEGIC PLANNING	<input type="checkbox"/>	<input type="checkbox"/>
TECHNOLOGY	<input type="checkbox"/>	<input type="checkbox"/>
_____ OTHER	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY RELATIONSHIPS		
COLLABORATIONS/PARTNERSHIPS	<input type="checkbox"/>	<input type="checkbox"/>
CROSS-CULTURE / CROSS-COMMUNITY BRIDGE BUILDING AND COMMUNICATIONS	<input type="checkbox"/>	<input type="checkbox"/>
RACE RELATIONS/ HUMAN RELATIONS	<input type="checkbox"/>	<input type="checkbox"/>
_____ OTHER	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY DEVELOPMENT		
CHILD DEVELOPMENT	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY ARTS	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY PLANNING	<input type="checkbox"/>	<input type="checkbox"/>
CRIMINAL JUSTICE/RE-ENTRY	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>
ECONOMIC DEVELOPMENT	<input type="checkbox"/>	<input type="checkbox"/>
ENVIRONMENTAL JUSTICE	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH	<input type="checkbox"/>	<input type="checkbox"/>
HOUSING	<input type="checkbox"/>	<input type="checkbox"/>

	EXPERTISE	INTEREST
HUMAN SERVICES	<input type="checkbox"/>	<input type="checkbox"/>
LAND USE	<input type="checkbox"/>	<input type="checkbox"/>
PARKS AND RECREATION	<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC SAFETY	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTATION	<input type="checkbox"/>	<input type="checkbox"/>
YOUTH SERVICES	<input type="checkbox"/>	<input type="checkbox"/>
_____ OTHER	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY ADVOCACY		
ADVOCACY CAMPAIGNS	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATIVE PETITIONS	<input type="checkbox"/>	<input type="checkbox"/>
COALITION BUILDING	<input type="checkbox"/>	<input type="checkbox"/>
LEGISLATIVE ADVOCACY	<input type="checkbox"/>	<input type="checkbox"/>
POLICY ANALYSIS/DEVELOPMENT	<input type="checkbox"/>	<input type="checkbox"/>
_____ OTHER	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY RESEARCH/EVALUATION		
APPLIED RESEARCH	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY ASSESSMENT/MAPPING	<input type="checkbox"/>	<input type="checkbox"/>
KNOWLEDGE TRANSFER (E.G., PUBLISHING/BLOGGING)	<input type="checkbox"/>	<input type="checkbox"/>
PROGRAM EVALUATION	<input type="checkbox"/>	<input type="checkbox"/>
_____ OTHER	<input type="checkbox"/>	<input type="checkbox"/>
PROCESS AREAS		
COACHING	<input type="checkbox"/>	<input type="checkbox"/>
CONFLICT RESOLUTION	<input type="checkbox"/>	<input type="checkbox"/>
CULTURALLY BASED/ CULTURALLY COMPETENT CAPACITY BUILDING	<input type="checkbox"/>	<input type="checkbox"/>
FACILITATION	<input type="checkbox"/>	<input type="checkbox"/>
MEETING MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>
PEER EXCHANGE	<input type="checkbox"/>	<input type="checkbox"/>
RECORDING / GRAPHIC RECORDING	<input type="checkbox"/>	<input type="checkbox"/>
TEAM BUILDING	<input type="checkbox"/>	<input type="checkbox"/>
TRAINING SERVICES	<input type="checkbox"/>	<input type="checkbox"/>
_____ OTHER	<input type="checkbox"/>	<input type="checkbox"/>

In addition to the above application, we would like you to submit a personal statement with responses to the following questions:

1. Please describe how your professional and personal experiences have shaped your philosophy and values about working towards social justice in communities of color and other marginalized communities.
2. Please describe what the phrase “building capacity for social change” means to you.
3. What is your approach to providing capacity-building services in communities of color or other marginalized communities?

Thank you! Please return this questionnaire, along with your resume/bio, three references, and personal statement to:

NCDI CONSULTING SERVICES EVALUATION FORM (2001)

The mission of the National Community Development Institute (NCDI) is to provide responsive, customized technical assistance and capacity-building services that promote and sustain social change in communities of color. We need your input to ensure that we are meeting the needs of organizations serving communities of color. Please take a moment to evaluate our services. Your feedback will assist us in achieving our mission.

Organization Name:

Person Completing Evaluation:

Consultant Name:

Date Services Were Provided

PLEASE ANSWER THE FOLLOWING QUESTIONS USING A SCALE OF 1-10

CUSTOMER SERVICE

	<u>UNSATISFACTORY</u>			<u>SATISFACTORY</u>				<u>EXCELLENT</u>		
Did the consultant listen to and understand your needs?	1	2	3	4	5	6	7	8	9	10
Did the consultant demonstrate genuine concern about working with your organization?	1	2	3	4	5	6	7	8	9	10
Was the consultant able to communicate effectively with your board, staff, members and/or constituents?	1	2	3	4	5	6	7	8	9	10
Did the consultant treat everyone with respect?	1	2	3	4	5	6	7	8	9	10
Was the consultant able to work well with the diverse cultural groups in your organization?	1	2	3	4	5	6	7	8	9	10
Was the consultant knowledgeable about and sensitive to other diversity issues?	1	2	3	4	5	6	7	8	9	10

PROFESSIONAL SERVICE

	<u>UNSATISFACTORY</u>			<u>SATISFACTORY</u>				<u>EXCELLENT</u>		
Did the consultant have adequate knowledge and expertise to assist your organization?	1	2	3	4	5	6	7	8	9	10
Did the consultant do adequate pre-planning with your organization?	1	2	3	4	5	6	7	8	9	10
Did the consultant send appropriate informational materials prior to the site visit?	1	2	3	4	5	6	7	8	9	10
Did the consultant arrive on time and stay on schedule during the site visit?	1	2	3	4	5	6	7	8	9	10
Did the consultant meet the deadlines established for the project?	1	2	3	4	5	6	7	8	9	10
Did the consultant use appropriate resource materials?	1	2	3	4	5	6	7	8	9	10
Did the consultant refer you to other resources (i.e., people, places, or materials) that might be beneficial to your organization?	1	2	3	4	5	6	7	8	9	10
Did the consultant submit a follow-up report on a timely basis?	1	2	3	4	5	6	7	8	9	10

NCDI CONSULTING SERVICES EVALUATION FORM (2001)

Was the consultant a good match for your organization?

YES

No

Comments:

Are you willing to utilize this consultant again in the future?

YES

No

Comments:

PLEASE RATE YOUR OVERALL SATISFACTION WITH OUR SERVICES:

1=VERY DISSATISFIED

2=SOMEWHAT DISSATISFIED

3=SATISFIED

4=VERY SATISFIED

Comments:

Is there anything that we could have done to improve our services?

YES

No

Comments:

Thank you for your feedback. Please contact us if you have any questions or concerns. It has been a pleasure to work with you.

Please mail or fax this completed form to:

Omowale Satterwhite
President
National Community Development Institute
405 14th Street, Suite 1200
Oakland, CA 94612
(510)763-4120
(510)763-XXXX(fax)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning **1/1/2007**, and ending **12/31/2007**

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

C Name of organization
NATIONAL COMMUNITY DEVELOPMENT INSTITUTE

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
900 Alice Street Suite 300

City or town, state or country, and ZIP + 4
Oakland, CA 94607

D Employer identification number
52 ; 2354975

E Telephone number
(510) 763-4120

F Accounting method Cash Accrual
 Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations**
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates ▶
- H(c)** Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **www.ncdinet.org**

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,049,074**

I Group Exemption Number ▶

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:						
a	Contributions to donor advised funds	1a	0				
b	Direct public support (not included on line 1a)	1b	4,022,366				
c	Indirect public support (not included on line 1a)	1c	0				
d	Government contributions (grants) (not included on line 1a)	1d	0				
e	Total (add lines 1a through 1d) (cash \$ 4,010,366 noncash \$ 12,000)	1e	4,022,366				
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	991,787				
3	Membership dues and assessments	3	0				
4	Interest on savings and temporary cash investments	4	34,631				
5	Dividends and interest from securities	5	0				
6a	Gross rents	6a	0				
b	Less: rental expenses	6b	0				
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	0				
7	Other investment income (describe ▶)	7	0				
8a	Gross amount from sales of assets other than inventory	(A) Securities	0	8a	0		
b	Less: cost or other basis and sales expenses	(B) Other	0	8b	0		
c	Gain or (loss) (attach schedule)		0	8c	0		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	0		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>						
a	Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a	0				
b	Less: direct expenses other than fundraising expenses	9b	0				
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	0				
10a	Gross sales of inventory, less returns and allowances	10a	0				
b	Less: cost of goods sold	10b	0				
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c	0				
11	Other revenue (from Part VII, line 103)	11	290				
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	5,049,074				
13	Program services (from line 44, column (B))	13	4,135,687				
14	Management and general (from line 44, column (C))	14	478,178				
15	Fundraising (from line 44, column (D))	15	85,496				
16	Payments to affiliates (attach schedule)	16	0				
17	Total expenses. Add lines 13 and 14, column (A)	17	4,699,361				
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	349,713				
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,542,376				
20	Other changes in net assets or fund balances (attach explanation) Stmt 1	20	1,723,957				
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	3,616,046				

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Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: National Community Development Institute
 Doing Business As:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 900 Alice Street
 City or town, state or country, and ZIP + 4: Oakland, CA 94607

D Employer identification number: 52-2354975
E Telephone number: (510) 763-4120
G Gross receipts \$ 3,153,628

F Name and address of Principal Officer:
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No (If "No," attach a list See instructions)
H(c) Group Exemption Number ▶

I Tax-exempt status: 501(c) (3) (insert no) 4947(a)(1) or 527

J Web site: ▶ www.ncdinet.org

K Type of organization: Corporation trust association other ▶

L Year of formation: 2001 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities NDCI's Mission is to build capacity for Social Change		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>7</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>6</u>
	5 Total number of employees (Part V, line 2a)	5	<u>35</u>
	6 Total number of volunteers (estimate if necessary)	6	<u></u>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	<u>0</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u></u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,022,366	2,180,700
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	991,787	950,314
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,631	21,510
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	290	1,104
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,049,074	3,153,628
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	554,911	442,766
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b (Total fundraising expenses, Part IX, column (D), line 25 <u>180,724</u>)	1,024,686	1,539,692
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,005	0
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	3,115,759	2,161,294	
19 Revenue less expenses Subtract line 18 from line 12	4,699,361	4,143,752	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	349,713	-990,124
	21 Total liabilities (Part X, line 26)	Beginning of Year	End of Year
	22 Net assets or fund balances Subtract line 21 from line 20	4,447,816	3,580,985
		831,770	955,061
		3,616,046	2,625,924

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

Signature of officer: ***** Date: 2009-11-16
 Kelley Gulley President & CEO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Eva Konigsberg Date: _____ Check if self-employed:
 Preparer's PTIN (See Gen Inst): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: SAWVY TAX
 4200 PARK BLVD 531
 OAKLAND, CA 94602
 EIN: _____ Phone no: (510) 928-5067

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning **01/01**, 2009, and ending **12/31**, 20 **09**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **National Community Development Institute**
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
900 Alice Street Suite 300
 City or town, state or country, and ZIP + 4
Oakland, CA 94607

D Employer identification number
52 : 2354975

E Telephone number
(510) 763-4120

G Gross receipts \$ **1,824,647**

F Name and address of principal officer **Kelley Gulley**
900 Alice Street, Suite 300, Oakland, CA 94607

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c) (**3**) (insert no) 4947(a)(1) or 527

J Website: ▶ **www.ncdinet.org**

K Form of organization Corporation Trust Association Other ▶

L Year of formation: **2001** **M** State of legal domicile: **CA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **NCDI's mission is to build capacity for social change.**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	6
5	Total number of employees (Part V, line 2a)	23
6	Total number of volunteers (estimate if necessary)	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8	2,180,700	1,029,420
9	950,314	783,412
10	21,510	4,103
11	1,104	7,712
12	3,153,628	1,824,647
13	442,766	351,739
14	0	0
15	1,539,692	1,428,319
16a	0	0
b	123,229	
17	2,161,294	1,704,165
18	4,143,752	3,484,223
19	-990,124	-1,659,576

	Beginning of Current Year	End of Year
20	3,580,985	1,808,889
21	955,061	913,054
22	2,625,924	895,835

Part II Signature Block

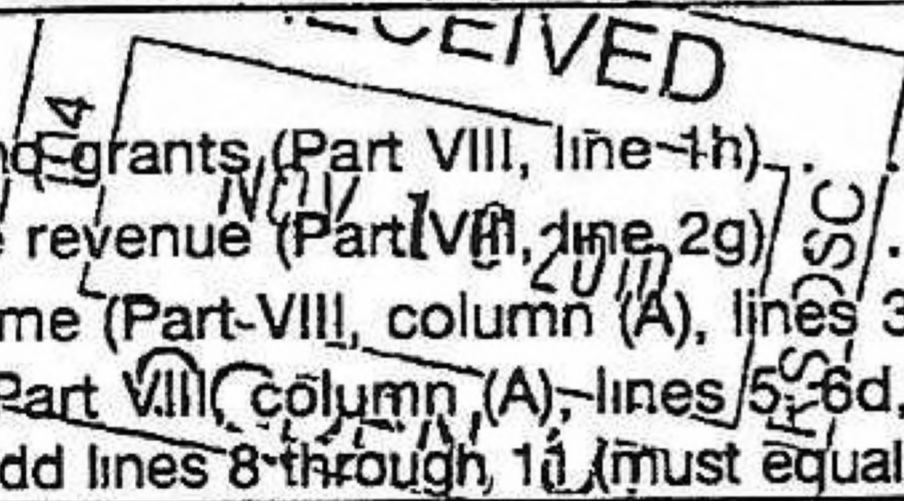
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Kelley Gulley*
 Date: **11/12/2010**
 Name and title: **Kelley Gulley, Chief Executive Officer**

Paid Preparer's Use Only
 Preparer's signature: *Annette J Cook*
 Date: **11/11/10**
 Check if self-employed:
 Preparer's identifying number: **20 : 4728559**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Nonprofit Suite 510 3rd Street Suite 200, Oakland, CA 94607**
 EIN: **20 : 4728559**
 Phone no: **(510) 350-2000**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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