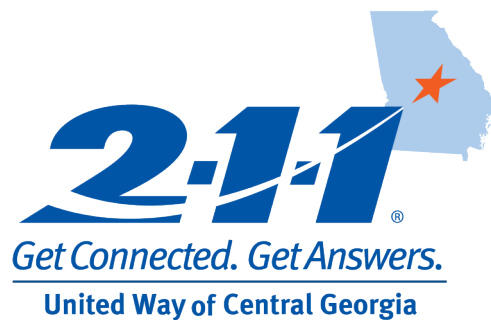


NON-PROFIT AGENCY FORM



How did you learn about United Way 2-1-1?

Agency's Legal Name:

Other Names (AKA, acronyms, former, etc.):

IRS Status:

Tax ID#:

Secretary of State Control #:

Physical Location of Organization — ***Please photocopy & complete a separate form for each additional branch/location.**

Address:

County:

City:

State:

Zip Code:

Physical address is confidential: Yes No

Mailing Address (If different from physical address):

County:

City:

State:

Zip Code:

Mailing address is confidential: Yes No

Administrative Hours:

Days

MON

TUES

WED

THURS

FRI

SAT

SUN

CONTACT INFORMATION

Agency Phone Number:

Fax #:

Text Short Code:

TDD (Telecommunication Device for the Deaf) #:

Website:

Agency E-Mail:

Director Name/Title:

Phone:

E-Mail:

Other Contact Name/Title:

Phone:

E-Mail:

Organizational Status—Please check the one that indicates your agency's organizational status:

Federal

State

City

County

Private Nonprofit

Proprietary/Commercial/For-Profit

Other (Specify):

NOTE:

Include a copy of your agency's 501C3 to this form. If you do not have a 501C3, you are automatically seen as a for-profit entity and will need to request our for-profit agency form and pay a fee of \$400.00 per year to join the 2-1-1.

AGENCY SURVEY CONT.

Directions — Please provide basic directions to your facility—Indicate name of office complex, subdivision, apartment, etc. Please include nearest visual intersection, names of adjacent buildings, any helpful landmarks:

Public Transportation—Facility accessible by public transportation: Yes No Bus #:

Accessibility—Accommodations for people with disabilities:

Designated Parking Indoor Wheelchair Access Outside Ramps Elevators No Access

Services: Please list the primary services offered to ANYONE meeting your eligibility requirements (i.e. food pantry, shelter, transitional home, tutoring, mentoring, community clinic, counseling, etc.)

NOTE: All services listed must be active & currently running—**not a vision for the future**. Please attach flyers/pamphlets about your organization to aid in a better understanding of services provided.

NOTE: If services have different hours/days or special intake hours, please specify below.

Brief Program Description:

Service Hours:

Days:	MON	TUES	WED	THUR	FRI	SAT	SUN
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Eligibility (Who is eligible for your services?) - CHECK ALL THAT APPLY:

No Restrictions	Battered Women
Individuals & Families with Low Income	Residents of Service area only
Disabled Veteran / Veterans	Seniors/Older Adults
Military Personnel / Military Families	Women with Children
Children (specify age &/ gender) -Age(s):	Gender:
Youth (specify age &/ gender) -Age(s):	Gender:
Teens (specify age &/ gender) -Age(s):	Gender:
Varies by program; call for details	
Anyone regardless of their immigration status	
Other (specify age/gender eligibility or specific geographic area):	

Intake (What are your service intake procedures?) - CHECK ALL THAT APPLY:

Walk In	Telephone	By Appointment Only	E-Mail	Internet/Online	Voicemail
Referral required from (specify):			Other (specify):		
Link to Intake Form (If available):					

Required Documentation (What documents do you required before services are rendered?) - CHECK ALL THAT APPLY:

No Documents Required	Birth Certificate	Social Security Card	Eviction Notice
Applications Form	Proof of Residence	Proof of Income	Picture ID/Driver's License
Medical/Psychiatric Records	Utility Cut-off Notice	Case Worker Referral	Proof of Legal Status
Other Document(s) - Specify:			

AGENCY SURVEY CONT.**Fees**—Please choose appropriate fee type.**No Fee****Straight**

Sliding Fee Scale-Based on client's income

Fee Other (specify):**Payment Subsidies Accepted:**

Medicaid

Medicare

PeachCare

Private Insurance

Scholarships Available

Other:

Languages—Indicate which languages are routinely spoken by your staff:

English Only

Spanish

French

Chinese

American Sign Language

Other(s)-Specify:

Do you distribute literature available in Spanish? **Yes** **No****Service Area**—Check the area(s) you serve:

Baldwin

Bibb

Crawford

Hancock

Houston

Jasper

Jones

Lamar

Macon

Monroe

Peach

Pike

Pulaski

Putnam

Spalding

Twiggs

Upson

Washington

State of GA

If you restrict to certain cities, zip codes, or neighborhoods, please indicate these below:

Cities:

Zip Codes:

Neighborhoods:

Please check if you do **NOT** wish for your organization to be included in our written products/publications.Please check if you do **NOT** wish to be included on our 2-1-1 website.⇒ Does your organization discriminate in providing service or volunteer opportunities based on sex, race, age, disability, color, creed, national origin, or religion? **Yes** **No**⇒ Is your business home-based? **Yes** **No**

We meet all federal, state, and local laws, requirements, and regulations including fire, health, and zoning codes.

To the best of my knowledge, all of the proceeding information is true and correct.

Signature_____
Date**Please mail completed form and the agency's 501c3 to:**

United Way of Central Georgia

ATTN: Tammie Collins

P.O. Box 1302

Macon, GA 31202

Or fax the form and the agency's 501c3 to:

478.741.1731

ATTN: Tammie Collins

If you have any questions, contact:

Tammie Collins

TCollins@UnitedWayCG.com

478.621.7795



United Way of Central Georgia

I have read the important information at the bottom of this form.

I hereby authorize the United Way of Central Georgia to utilize my organization's information for inclusion in its community resource database and all printed and electronic materials that it publishes and/or sells to others.

Organization Name: _____
 Non-Profit For-Profit Government

Executive Director: _____
 (Please Print)

Title (if not Executive Director): _____

Please provide us with the name, number, and e-mail of a contact person we can call if we have questions or need additional information.

Contact's Name: _____

Phone: _____ E-mail: _____

In order for us to conduct a web-based process for your agency's information, we request that you provide us with a primary and secondary (if available) e-mail address that will be used to allow your agency access to review the database entry, submit, change, and/or add information as requested, as well as when you become aware of changes to your information. If, at this time, your agency does not have an e-mail address, your annual update will be mailed to you.

Primary Contact: _____

Primary E-mail: _____

Secondary Contact: _____

Secondary E-mail: _____

No E-mail at this time.

IMPORTANT INFORMATION

The information you provide for the United Way's community resource database may be sold in printed and Internet directory formats, and special reports. The information in the database may also be made available on the Internet and in other printed or electronic formats. Many organizations and individuals use this information to refer others to your organization and program based on your information.

Please do not include any organization or program information that you do not want released to the public. All information we request is optional and should be provided at your discretion.

We reserve the right to edit your information.