



Endorsed Community Partner Application

of Merced County

Agency:

Executive Director:

E-Mail:

Other Contact:

E-Mail:

Mailing Address:

Physical Address:

Telephone:

Fax:

Website:

Agency's 501 (c)(3) number:

(Attach a copy your IRS letter of determination)

1. What is your agency's mission and purpose?

Indicate which of the following Community Priority Areas your organization addresses?

- Improving Financial Stability and Self-Sufficiency** – enhancing individuals' financial stability, education and vocational skills to improve their employability and create opportunities for self-sufficiency. Includes providing food, clothing, etc. to sustain individuals until they get back on their feet.
- Helping Youth Succeed** – preparing children and youth to become responsible adults who are emotionally, cognitively, and physically prepared to succeed in school, work, and their community.
- Promoting Individual and Family Health /Wellness and Adult Independence** – improve access to physical and mental health services, help individuals find support, maintain independence, and live with disabilities.
- Other:**

Are services to clients free of charge or fee based? Free Fee Based

a. What is the percentage of your clients who receive free services?

%

b. If fee based:

Flat Sliding

c. If sliding scale, what is the threshold of free services?

Program(s) Description (use additional sheet if needed)

Explain how your program(s) positively overlaps and/or intersects with programs offered by other agencies in Merced County:

List Agency Collaborators & Coalitions that you are using:

Is your agency incorporated? Yes No Date of Incorporation:

Describe your Board of Directors (or other governing body).

Minimum & Maximum number of Directors:

Current number of Directors:

Quorum:

Meeting Frequency:

Regular Meeting Dates:

Average attendance:

Term for Directors in years:

Number of terms for Directors:

Attach a current Board of Directors' roster that includes the names, addresses, occupational affiliation, and number of years of service on the board.

Describe your board's level of involvement in the operations of your agency.

What percent of your board contributes financially?

Attach a list of your paid staff by name, position title, and years of employment with your organization.

Please attach a copy of your current by-laws.

Does your organization comply with the USA PATRIOT ACT? Yes No

Please attach a completed Counterterrorism Compliance Form.

Are volunteers utilized in your organization?

Yes (If yes, to what extent?)

No (If no, why not?)

What is your policy on performing volunteer background checks?

What type of training do volunteers receive? Are they evaluated on a regular basis?

Does your agency have a system of safeguarding against unauthorized or improper disbursement of funds?
 Yes No *(If yes, please explain briefly the system in place. If no, explain why not.)*

Does your agency have an annual financial audit performed by an independent CPA? *(Those organizations with operating budgets of \$100,000 or less with no prior audit requirements may submit a copy of their annual tax return [Form 990] in lieu of an audited financial statement.)*
 Yes Date of last audit (Attach copy of auditor's letter) No (If no, explain)

Does your agency file an IRS Form 990 each year?
 Yes (If yes, attach a copy) No (If no, explain why not.)

Describe any reserve funds the agency holds, including the amount, usage of, and general activity in the previous year.

List any claims, liabilities, settlements, judgments, or pending litigation against this program, your agency, your staff or your board of directors.

Are there any indications your Agency will experience significant changes during the next few years? No
 Yes (If yes – please explain)

Let us help you promote your fundraising events. Please provide information about all the fund Raising activities you Agency plans to conduct.