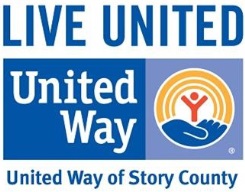
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# Partner Agency Application

**(Bolded items require attachment)**

1. Organization
   1. Legal name of organization

Address

Telephone

Website address

Executive Director

E-mail address

* 1. Date of incorporation State of incorporation

**Please attach Articles of Incorporation.**

Please attach letter of determination of tax-exempt status from Internal Revenue Service.

C. Tax identification number Fiscal year

#### Please attach copy of most recent IRS Form 990.

D. Is organization affiliated with a national and/or state organization?

If so:

Name of national and/or state organization

Explain nature of affiliation and describe national and/or state organization’s control over local administration and activities

Explain benefits of affiliation

**Please attach copies of written agreements which specify the relationship with national or state organizations, including mutual responsibilities and accountabilities.**

Approved 6/25/09

E. Mission statement

F. Geographic area served

**G. Please attach copy of organization’s long range plan.**

**H. Please attach copy of organization’s non-discrimination policy that applies to clients as well as to employees.**

I. Other agencies in Story County that provide similar programs

### J. Agencies in Story County with whom organization collaborates

### 

### K. Agencies in Story County with whom organization shares referrals

L. Governing Arrangements

Please attach copy of organization’s by-laws.

Please attach list of members of governing body including names, addresses, places of business and names of officers with titles.

Describe how members of governing body are selected

How frequently does governing body meet?

Are members of governing body financially compensated?

M. Affiliated Organizations

Does the organization have affiliated organizations (foundation, endowment, auxiliary, other similar entity)?

If so:

List them along with statement of purpose for each

### N. Accreditation and Licensing

Is the organization accredited? If so, by whom?

For what length of time?

Describe organization and staff licensing, permit and certification requirements:

II. Programs

### Please attach list of programs the organization provides including the following details for each program:

* + - * Category of service (if program is funded through the ASSET process)
      * Problems which create need for program (include documentation of need – recent needs assessment, organizational research, etc.)
      * Population being served and eligibility requirements for program
      * At least one outcome for program and how/when outcome is measured
      * Results for two preceding years
      * Fees **(Provide sliding fee scale if applicable)**
      * Budget for program

1. Personnel

### Please attach list of management team by name and job title

B. How many FTE’s does organization currently employ?

C. Approximately how many volunteers work with organization during one year?

1. Financial/Legal Information

### Please attach copies of current annual budget and budget for coming fiscal year, including all sources of income.

### Please attach current statement of assets and liabilities and current statement of income and expenses. List all sources of funds.

**C. Please attach copy of most recent IRS Form 990; please attach copy of most recent audit if annual budget is $100,000 or more; please attach copy of most recent balance sheet if annual budget is $100,000 or less.**

### D. Describe endowment funds including amount and restrictions if any.

### E. Are the organization’s facilities handicapped accessible?

If not, describe how programs are taken directly to clients

1. Fund Raising

### Please list each fund raising efforts regularly used or contemplated for future including the following:

Date of effort

Nature of effort

Target population

Amount raised in Story County from most recent effort