



AGENCY SURVEY: NON-PROFIT FORM

How did you learn about United Way 211?

Agency Legal Name:

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

IRS Status: Tax ID#: Secretary of State Control #:

Physical address of the organization:
(Please photocopy and complete a separate form for each additional branch or location)

Address: County:

City: State: Zip Code:

Is the physical address confidential? Yes No

Is the mailing address different from physical address? If yes, indicate mailing address below.

Address:

City: State: Zip Code:

Is the mailing address confidential? Yes No

Administration Hours: Days: MON TUE WED THU FRI SAT SUN

CONTACT INFORMATION

Agency's Telephone Number: Fax Number: Text Short Code:

TDD (Telecommunication Device for the Deaf) Number#:

Organizational Web Address: E-Mail Address:

Director Name/Title: Telephone: Email:

Other Contact Name/Title: Telephone: Email:

Directions: Please provide basic directions to your facility. (Indicate the name of the office complex, subdivision, apartment, etc.)

Public Transportation: Is your facility accessible by public transportation? Yes No

Rail Station: Bus Number(s):

Accessibility: What accommodations does your facility provide to people with disabilities?
Designated parking Indoor wheelchair access Outside ramps Elevators No access

Agency social media:
Google+:
Facebook:
Instagram:
LinkedIn:
Pinterest:
Twitter:
Other:

SERVICES Please list the primary services offered to anyone meeting your eligibility requirements (i.e., food pantry, shelter, transitional home, mentoring, tutoring, community clinic, and counseling).

Brief Program Description:

****ALL SERVICES LISTED MUST BE ACTIVE AND CURRENTLY RUNNING; NOT A VISION FOR THE FUTURE**. Please attach pamphlets or flyers about your organization to aid in a better understanding of services provided. List services that have different hours/days or special intake hours if applicable (i.e. food pantry, thrift store, shelter intake hours).**

Services Hours:
Other (specify):

Days: MON TUE WED THU FRI SAT SUN

Eligibility: Who is eligible for your services?

- No restrictions
- Anyone regardless of their immigration status
- Battered women
- Children (specific age or gender)
- Disabled veteran/Veterans
- Ex-offenders**
- Individuals and families with low-income
- Military Personnel/families
- Residents of service area only
- Seniors/Older adults
- Women with children Teens (specific age or gender)
- Youth (specific age or gender)
- Varies by program, call for details
- Other: (specify age or gender eligibility or specific geographic area):

Intake: What are your service intake procedures?

- Walk-in Telephone By Appointment Only Email Internet/Online Voice mail
- Referral required from(specify):
- Other (specify):

Required Documentation: What documents are required before services are rendered?

- No documents required
- Application form
- Birth Certificate
- Case worker referral
- Eviction Notice
- Medical/Psychiatric records
- Picture ID/License
- Proof of income
- Proof of legal status
- Proof of residence
- Social Security Card
- Utility cut-off notice
- Other document(s) (specify):

Fees: Please choose the proper fee type:

- No Fee Straight Fee (specify): Sliding Fee Scale (based on client's income) Other:

Payment subsidizes accepted: Medicaid Medicare Peachcare Private Insurance CAPS
 Scholarships Available

Languages: What languages are routinely spoken by your staff?

- English only Spanish French Chinese American Sign Language Other(specify):

◆ **Do you distribute literature available in other languages?** Yes No (specify):

◆ **How do you help individuals that not speak English? (explain):**

Service Area: Check the area(s) you serve.

- Butts Cherokee Clayton Cobb Coweta DeKalb Douglas Fayette Fulton
 Gwinnett Henry Paulding Rockdale Entire Metropolitan Area (all before mentioned counties)
 State of Georgia

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

Cities: _____ Or Zip Code(s): _____

****Please check the one answer that indicates your agency's organizational status****

- Federal
 State
 City
 County
 Private nonprofit
 Proprietary/commercial/for profit
 Other (specify): _____

****If non-profit, copy of 501c3 must be attached with this form; if you do not have a 501c3, you are automatically seen as for profit – see below for for-profit info****

For-Profit **this is not the for-profit application form; note that for-profits must pay \$400 per year to join the UWGA-211 database**

****If for-profit, complete for-profit application & include fee; federal, state, city, county, or any government affiliates do not need to show any documentation****

- **If your organization meets the criteria to be included in our written products or publications, do you wish to be considered for inclusion?** Yes No
- **Do you wish to be included on our UWGA-211 website?** Yes No
- **Does your organization discriminate in providing service or volunteer opportunities based on race, ethnicity, sexual orientation, or religion?** Yes No
- **Is your business home based or is there a separate facility from which you conduct business?**
 Home Based (located in your home) Separate facility

We meet all the Federal, State and Local laws, requirements and regulations including fire, health and zoning codes. To the best of my knowledge all of the preceding information is true and correct.

Submit the application by:

E-mail

Join211@unitedwayatlanta.org

Mail

United Way of Greater Atlanta, United - 211
Attn: Nhora Plehn
Sr. Engagement & Outreach Community Manager
P.O. Box 2692
Atlanta, GA 30301-4601

Fax:

(678) 753-2525 Fax

<http://www.unitedwayatlanta.org/get-help2-1-1>



MEMORANDUM OF UNDERSTANDING

I have read the **MEMORANDUM OF UNDERSTANDING** in its entirety.

I grant permission to United Way of Greater Atlanta 2-1-1 (**2-1-1**) to utilize my organization's information for inclusion in the 2-1-1 Community Resource database (**the** database), to include all printed and electronic materials that it publishes and sells to others.

Organization Name (please print) _____

Select one: **Non-profit** **For profit** **Government**

CEO/Executive Director (please print) _____

Title if different from above: _____

Signature: _____ Date: _____

Please provide the names and numbers of the primary and secondary contacts for your organization that can respond to questions or provide additional information about your organization.

To conduct a web-based annual updating process on your agency's information, we request that you provide us with a primary and secondary email address (if available). We will use this information to allow your agency access to review, submit a change, and add information annually as requested or as needed. If your agency does not have an email address, we will mail your annual update.

Primary Contact Name: _____ Phone#: (____) _____

E-mail Address: _____ no email address

Secondary Contact Name: _____ Phone#: (____) _____

E-mail Address: _____ no email address

IMPORTANT—PLEASE READ

The information you provide for the database may be sold in print, on CD, included in reports and used as mailing labels. This information will also be available on the web, electronically, and in print. Some organizations and individuals might use this information to refer others to your organization and programs based on the information you provide.

Do not include any information that you do not want to disclose to the public. All information is optional, please use your discretion when providing.

2-1-1 reserves the right to edit any content that you provide.