



FEDERATION OF PROTESTANT WELFARE AGENCIES

## MEMBERSHIP APPLICATION

Organization Name: \_\_\_\_\_

Main Address: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_

Application Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are operating under the auspices of a religious institution, please name below, and attach a letter from the institution certifying your affiliation:

\_\_\_\_\_  
(Name of religious institution)

**Please attach the following documents and materials:**

- IRS 501(c)(3) designation letter
- Recent Federal IRS Form 990
- Recent NYS CHAR500
- Latest audited report of finances
- Organization's current budget
- List of Board Members (names, addresses, and affiliations)
- List of senior leadership staff (titles and contact information)
- Annual report or description of programs
- Organization Information Form
- Program Site Form (if applicable)

- 
- Yes, we understand that a review by the Department of Treasury Office of Foreign Asset Control will be conducted.

\_\_\_\_\_  
Executive Director/Head of Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
President/Board Chair

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Federation of Protestant Welfare Agencies  
Attention: Membership  
40 Broad Street, 5<sup>th</sup> Floor, New York, NY 10004

# ORGANIZATION INFORMATION FORM

Official Name of Organization: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

EIN No: \_\_\_\_\_

NYS Sales Tax Exempt No: \_\_\_\_\_

## STAFF CONTACT INFORMATION

### Executive Director/Head of Organization

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Designated FPWA Liaison (if different than above)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Additional contacts

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## ORGANIZATION FINANCES

Organization Annual Budget: \$ \_\_\_\_\_

### Sources of Funding (by percentage)

Federal	State	City	Private

## STAFFING AND PROGRAM INFORMATION

### Number of Organization Staff

Full-Time	Part-Time	Volunteers

### Age of Population served (by percentage)

0-12	13 – 18	19-24	25-65	65+

### Race/Ethnicity of Population Served (by percentage; percentage does not need to equal 100%)

African American/ Black	Arab	Asian/ Pacific Islander	Latino	Native American	White

**Services Provided** (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adult Education                  | <input type="checkbox"/> Adoption                          | <input type="checkbox"/> Nutrition Education and Services        |
| <input type="checkbox"/> After-school/Out of School Time  | <input type="checkbox"/> Financial Assistance              | <input type="checkbox"/> Policy Advocacy                         |
| <input type="checkbox"/> Arts and Culture                 | <input type="checkbox"/> Financial Empowerment             | <input type="checkbox"/> Public Benefits/Facilitated Enrollment  |
| <input type="checkbox"/> Camp (Sleep-away and Day)        | <input type="checkbox"/> Feeding Program                   | <input type="checkbox"/> Re-Entry Services                       |
| <input type="checkbox"/> Child Care, Early Education      | <input type="checkbox"/> Foster Care                       | <input type="checkbox"/> Residential Services/Supportive Housing |
| <input type="checkbox"/> Child Welfare/Preventive         | <input type="checkbox"/> Health Care                       | <input type="checkbox"/> Senior Services                         |
| <input type="checkbox"/> Client Advocacy                  | <input type="checkbox"/> HIV/AIDS                          | <input type="checkbox"/> Small Business Development              |
| <input type="checkbox"/> College Access/Career Counseling | <input type="checkbox"/> Home Care                         | <input type="checkbox"/> Substance Abuse Services                |
| <input type="checkbox"/> Community Organizing             | <input type="checkbox"/> Homeless Prevention               | <input type="checkbox"/> Veterans Services                       |
| <input type="checkbox"/> Criminal Justice                 | <input type="checkbox"/> Housing and Community Development | <input type="checkbox"/> Workforce Development                   |
| <input type="checkbox"/> Crisis Intervention              | <input type="checkbox"/> Immigrant Services                | <input type="checkbox"/> Youth Services                          |
| <input type="checkbox"/> Disability Services              | <input type="checkbox"/> Information Referral              | <input type="checkbox"/> Other: _____                            |
| <input type="checkbox"/> Domestic Violence                | <input type="checkbox"/> Juvenile Justice Services         |  |
| <input type="checkbox"/> Education (in-school)            | <input type="checkbox"/> Legal Services                    |  |
|   | <input type="checkbox"/> Mental Health                     |  |

**WEBSITE & SOCIAL MEDIA**

**Organization Website:** \_\_\_\_\_

**Social Media** (check those that your organization uses and include user name)

- Facebook: \_\_\_\_\_
- Twitter: \_\_\_\_\_
- LinkedIn: \_\_\_\_\_
- YouTube: \_\_\_\_\_
- Instagram: \_\_\_\_\_
- Other: \_\_\_\_\_

**Other Affiliations** (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Asian American Federation                           | <input type="checkbox"/> Interagency Council of Developmental Disabilities Agencies |
| <input type="checkbox"/> Association of Neighborhood and Housing Development | <input type="checkbox"/> Live On New York   |
| <input type="checkbox"/> Bronx Clergy Roundtable                             | <input type="checkbox"/> Manhattan Together   |
| <input type="checkbox"/> Brooklyn Together                                   | <input type="checkbox"/> Micah Clergy Roundtable                                    |
| <input type="checkbox"/> Catholic Charities of the Archdiocese of NY         | <input type="checkbox"/> Neighborhood Family Services Coalition                     |
| <input type="checkbox"/> Clergy United for Community Empowerment             | <input type="checkbox"/> New York AIDS Coalition                                    |
| <input type="checkbox"/> Coalition for Asian American Children and Families  | <input type="checkbox"/> New York City Employment Training Coalition                |
| <input type="checkbox"/> Coalition of Behavioral Health Agencies             | <input type="checkbox"/> New York Immigration Coalition                             |
| <input type="checkbox"/> Council of Family and Child Caring Agencies         | <input type="checkbox"/> Non-Profit Coordinating Committee                          |
| <input type="checkbox"/> Day Care Council                                    | <input type="checkbox"/> Supportive Housing Network                                 |
| <input type="checkbox"/> Faith in New York                                   | <input type="checkbox"/> UJA-Federation of New York                                 |
| <input type="checkbox"/> Hispanic Federation                                 | <input type="checkbox"/> United Neighborhood Houses                                 |
| <input type="checkbox"/> Homeless Services United                            | <input type="checkbox"/> Other (specify) _____                                      |
| <input type="checkbox"/> Human Services Council                              |   |

# PROGRAM SITE INFORMATION

(\*For more than one site, please reproduce this form and attach.)

Organization Name: \_\_\_\_\_

Program Site Address: \_\_\_\_\_

Site Phone Number: \_\_\_\_\_

## Site Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Services Provided at Site (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adult Education                  | <input type="checkbox"/> Adoption                          | <input type="checkbox"/> Mental Health                            |
| <input type="checkbox"/> After-school/OST                 | <input type="checkbox"/> Financial Assistance              | <input type="checkbox"/> Nutrition Education and Services         |
| <input type="checkbox"/> Arts and Culture                 | <input type="checkbox"/> Financial Empowerment             | <input type="checkbox"/> Policy Advocacy                          |
| <input type="checkbox"/> Camp (Sleep-away and Day)        | <input type="checkbox"/> Feeding Program                   | <input type="checkbox"/> Public Benefits/Facilitated Enrollment   |
| <input type="checkbox"/> Child Care, Early Education      | <input type="checkbox"/> Foster Care                       | <input type="checkbox"/> Re-Entry Services                        |
| <input type="checkbox"/> Child Welfare/Preventive         | <input type="checkbox"/> Health Care                       | <input type="checkbox"/> Residential Services/ Supportive Housing |
| <input type="checkbox"/> Client Advocacy                  | <input type="checkbox"/> HIV/AIDS                          | <input type="checkbox"/> Senior Services                          |
| <input type="checkbox"/> College Access/Career Counseling | <input type="checkbox"/> Home Care                         | <input type="checkbox"/> Substance Abuse Services                 |
| <input type="checkbox"/> Community Organizing             | <input type="checkbox"/> Homeless Prevention               | <input type="checkbox"/> Veterans Services                        |
| <input type="checkbox"/> Criminal Justice                 | <input type="checkbox"/> Housing and Community Development | <input type="checkbox"/> Workforce Development                    |
| <input type="checkbox"/> Crisis Intervention              | <input type="checkbox"/> Immigrant Services                | <input type="checkbox"/> Youth Services                           |
| <input type="checkbox"/> Disability Services              | <input type="checkbox"/> Information Referral              | <input type="checkbox"/> Other _____                              |
| <input type="checkbox"/> Domestic Violence                | <input type="checkbox"/> Juvenile Justice Services         |   |
| <input type="checkbox"/> Education (in-school)            | <input type="checkbox"/> Legal Services                    |   |