



Fulfilling the promise of opportunity

MEMBERSHIP APPLICATION

Federation of Protestant Welfare Agencies, Inc.

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, Inc.
Attention: Membership
40 Broad Street, 5th 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 | |