



Agency Application

Please read the attached United Way of NWA 2-1-1 Resource Database Inclusion/Exclusion Policy to see if your agency qualifies to be listed in our database. If your agency meets these criteria, please complete and return this application so we may consider including your organization among our resources. All information you supply will be available to the general public online and through our Call Center. **There are no fees to be listed or to receive referrals!** *United Way of NWA 2-1-1* staff members thank you and welcome a call if you have questions about this application.

Agency Name _____ Date submitted _____

Type of Agency: For-profit companies *other than* hospitals, hospices or those offering *unique* services are not eligible to be listed with us. If your for-profit agency does not fit within our database criteria, please discard this application.

For-profit Hospital Hospice Faith-Based Government Support Group

Nonprofit (Send us copies of: IRS 501(c)(3) certification letter and Board Roster if applicable)

Year of Agency's Incorporation or Start-Up _____

Wheelchair Accessible? Yes No N/A Near Public Transit? Yes No N/A

Street Address (If this is a confidential address, please check here and skip to *Mailing Address.*)

City _____ State _____ ZIP+4 _____

Mailing Address (If this is the same as your Street Address, please check here and skip to *Phone.*)

City _____ State _____ ZIP+4 _____

Phone (include area code) _____ Fax (include area code) _____

TDD/TTY (include area code) _____ Emergency (include area code) _____

Other Phone(s) _____

Email Address (used for general contact by the public) _____

Website Address _____

Languages Available English Spanish American Sign Language Other

How should people contact you? (Check all that apply.)

- Call Email Referrals Walk-in Website Write

Other: _____

Agency Director's Name and Title _____

When the public contacts your agency, who should people communicate with?

- Agency Director Public Contact Other (see below)

Public Contact's Name and Title _____

United Way of NWA 2-1-1 updates our referral database twice a year. Who should we contact for updates?

- Agency Director Public Contact Other (see below)

Update Contact's Name and Title _____

Update Contact Information (if different than agency contact information)

Mailing Address _____

City _____ **State** _____ **ZIP+4** _____

Fax (include area code) _____ **Email Address** _____

May anyone use your services? Yes No (see below)

If "No", who may use your services? _____

Where are your services available? (please check one)

- International National All of Arkansas

Other (counties or cities served) _____

Agency's Mission Statement _____

Days and Hours of Operation (If services are available 24 hours, please check here.)

Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____

Fridays _____ Saturdays _____ Sundays _____

Accreditation/Affiliation (List any organizations your agency is accredited by or affiliated with.)

Funding Sources Grants Donations Fundraisers Fees Other _____

Fees None Other (please specify)

Donation Opportunities (Please describe the types of donations you accept, if any, and whether your agency will pick up those donations.)

Volunteer Opportunities (Please describe your agency's volunteer needs and who you would consider qualified to fill them.)

Programs and Services

Please provide names and brief descriptions of your agency's programs and services. Be sure to include any special eligibility requirements or documentation necessary for clients to participate in your programs or receive your services. Also, please include names and titles of specific people in charge of individual programs along with their contact information.

If your agency has multiple locations, please include that information below. If you need more space, please attach a separate sheet. If you prefer, you may simply attach brochures or other printed materials that describe what you do. (Please note: Entire mission statements are not guaranteed inclusion in our database.)

You're done! Please mail or fax necessary additional information along with this completed application.

Mail: United Way of NWA 2-1-1, 100 Parkwood Street, Lowell, AR 72745

Fax: 479-770-0133 (ATTN: Teresa Smith)

Email: tsmith@unitedwaynwa.org