



The Valley Council for Health and Human Services

Building Partnerships to Strengthen Community Services

A partnership network that works collaboratively to create an integrated human services delivery system that continues to improve the quality of life in the Lower Naugatuck Valley.

Representation Guidelines:

1. Each member organization shall designate the chief executive officer or similar officer of the group s/he is representing, who shall have the authority to speak and make decisions for his/her organization. That representative will cast the organization's vote.
2. Each member organization may formally designate an alternate as the representative of his/her respective organization, should the regular designated representative be unable to attend. The alternate may cast the organization's vote in the representative's absence.
3. Each representative/alternate shall be willing to articulate the concerns and interests of his/her organization to the Council.
4. Each representative/alternate shall be willing to share Council meeting information and decisions with the organization s/he represents.
5. Each member organization shall be represented on a committee, task force or initiative of the Council.

2011-2012 MEMBERSHIP FORM

NAME OF ORGANIZATION (complete one complete application for each subsidiary and attach to the Primary application)				TYPE OF ENTITY: <input type="checkbox"/> Not for Profit 501(c)(3) <input type="checkbox"/> Membership 501(c)(6) <input type="checkbox"/> Government, State <input type="checkbox"/> Government, Local <input type="checkbox"/> Regional <input type="checkbox"/> Religious <input type="checkbox"/> Education			
STREET ADDRESS							
CITY		ZIP CODE - ZIP PLUS					
TELEPHONE ()		FAX ()		WEB SITE ADDRESS			
REPRESENTATIVE TO COUNCIL/ TITLE			ALTERNATE REPRESENTATIVE/ TITLE				
TELEPHONE ()		EMAIL		PRIMARY CATEGORY (✓ 1) <input type="checkbox"/> Advocacy <input type="checkbox"/> Arts & Culture <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Child Care <input type="checkbox"/> Community Development <input type="checkbox"/> Comm. & Physical Health <input type="checkbox"/> Economic Development <input type="checkbox"/> Education <input type="checkbox"/> Housing <input type="checkbox"/> Legal <input type="checkbox"/> Public Health <input type="checkbox"/> Recreation <input type="checkbox"/> Religious <input type="checkbox"/> Transportation <input type="checkbox"/> Workforce Development <input type="checkbox"/> Youth Development <input type="checkbox"/> Other _____			
COMMITTEE SELECTION (Refer to #5 of Representation Guidelines above & Committee Descriptions) <input type="checkbox"/> Valley CARES <input type="checkbox"/> Early Childhood <input type="checkbox"/> Healthy Valley <input type="checkbox"/> Communications <input type="checkbox"/> Membership <input type="checkbox"/> Finance <input type="checkbox"/> By-Laws <input type="checkbox"/> Senior Services Council							
AGENCY DESCRIPTION IN 25 WORDS OR LESS: 							
ORGANIZATIONAL STRUCTURE (CHECK IF APPLY): <input type="checkbox"/> TAX EXEMPT <input type="checkbox"/> INCORPORATED			TARGET POPULATIONS (CHECK ALL THAT APPLY): <input type="checkbox"/> YOUTH (ALL) <input type="checkbox"/> ADULTS 18-21 <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> BIRTH TO 5 <input type="checkbox"/> ADULTS 21 - 55 <input type="checkbox"/> LOW INCOME <input type="checkbox"/> GRADES K-8 <input type="checkbox"/> ADULTS 56+ <input type="checkbox"/> PERSONS W/DISABILITIES <input type="checkbox"/> GRADES 9-12 <input type="checkbox"/> FAMILIES <input type="checkbox"/> IMMIGRANTS/REFUGEES <input type="checkbox"/> OTHER: _____				
CURRENT FISCAL YR BUDGET: AMOUNT \$ _____ <input type="checkbox"/> FEDERAL ___% <input type="checkbox"/> FOUNDATION ___% <input type="checkbox"/> STATE ___% <input type="checkbox"/> CORPORATE ___% <input type="checkbox"/> FUNDRAISING ___% <input type="checkbox"/> UNITED WAY ___% <input type="checkbox"/> INDIVIDUAL DONORS ___% <input type="checkbox"/> OTHER ___%							

SERVICES

Check all the services provided by your organization. Specify other service categories not already listed.

<input type="checkbox"/> behavioral health/counseling <input type="checkbox"/> crisis intervention <input type="checkbox"/> domestic violence <input type="checkbox"/> suicide prevention <input type="checkbox"/> other: _____ <input type="checkbox"/> protective services (youth/elder) <input type="checkbox"/> education/literacy <input type="checkbox"/> financial assistance <input type="checkbox"/> food <input type="checkbox"/> housing/shelter <input type="checkbox"/> in-home care / respite services <input type="checkbox"/> legal services <input type="checkbox"/> child care <input type="checkbox"/> pre-natal / pregnancy <input type="checkbox"/> parenting programs	<input type="checkbox"/> life skills development <input type="checkbox"/> environmental health <input type="checkbox"/> medical treatment <input type="checkbox"/> public health <input type="checkbox"/> resettlement assistance <input type="checkbox"/> mentoring <input type="checkbox"/> outreach <input type="checkbox"/> recreation <input type="checkbox"/> services to the disabled <input type="checkbox"/> spiritual guidance <input type="checkbox"/> substance abuse prevention <input type="checkbox"/> substance abuse treatment <input type="checkbox"/> support groups, specify: _____ _____	<input type="checkbox"/> employment assistance <input type="checkbox"/> vocational education/training <input type="checkbox"/> volunteer services Others: specify <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
---	---	--

*The following is information frequently asked in grant applications.
 Compiling it will assist in your grant development projects as well as the advocacy & other activities of the Valley Council.*

DATE ORGANIZATION ESTABLISHED _____

PROGRAM YEAR RUNS FROM / TO _____

UNDUPLICATED # OF CLIENTS SERVED DURING YOUR LAST FULL PROGRAM YEAR _____

UNDUPLICATED # OF VALLEY RESIDENTS SERVED DURING YOUR LAST FULL PROGRAM YEAR _____

VALLEY TOWNS SERVED ___ Ansonia ___ Derby ___ Seymour ___ Other
 ___ Beacon Falls ___ Oxford ___ Shelton Area Served: _____

ACTIVE MEMBERS OF GOVERNING BOARD _____

FULL-TIME STAFF MEMBERS _____ # PART-TIME STAFF MEMBERS _____

ACTIVE VOLUNTEERS (Not Including Board Members) _____

DOES YOUR AGENCY PROVIDE TRAINING OR TECHNICAL ASSISTANCE TO GROUPS? YES NO
 IF YES, ON WHAT TOPICS or IN WHAT AREAS OF ASSISTANCE?

IF YES, WOULD A FEE BE CHARGED? YES NO

IF YES, WOULD A DISCOUNT BE GIVEN TO VALLEY COUNCIL MEMBERS? YES NO

COMPLETED BY	
TITLE	
DATE COMPLETED	