FPWA

Fulfilling the promise of opportunity

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

FPWA
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)

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

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)

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

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)

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