



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.

2013-2014 MEMBERSHIP FORM

NAME OF ORGANIZATION (complete one complete application for each subsidiary and attach to the Primary application)				TYPE OF ENTITY: Not for Profit 501(c)(3) Membership 501(c)(6) Government, State Government, Local Regional Religious 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) Advocacy Arts & Culture Behavioral Health Child Care Community Development Comm. & Physical Health Economic Development Education Housing Legal Public Health Recreation Religious Transportation Workforce Development Youth Development Other _____	
COMMITTEE SELECTION (Refer to #5 of Representation Guidelines above & Committee Descriptions) Valley CARES Early Childhood Healthy Valley Communications Membership Finance By-Laws Senior Services Council					
AGENCY DESCRIPTION IN 25 WORDS OR LESS: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>					
ORGANIZATIONAL STRUCTURE (CHECK IF APPLY): TAX EXEMPT INCORPORATED			TARGET POPULATIONS (CHECK ALL THAT APPLY): YOUTH (ALL) ADULTS 18-21 UNEMPLOYED BIRTH TO 5 ADULTS 21 - 55 LOW INCOME GRADES K-8 ADULTS 56+ PERSONS W/DISABILITIES GRADES 9-12 FAMILIES IMMIGRANTS/REFUGEES OTHER: _____		
CURRENT FISCAL YR BUDGET: AMOUNT \$ _____ FEDERAL ___% FOUNDATION ___% STATE ___% CORPORATE ___% FUNDRAISING ___% UNITED WAY ___% INDIVIDUAL DONORS ___% OTHER ___%					

SERVICES

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

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