

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.



VALLEY COUNCIL MEMBERSHIP FORM July 1, 2021- June 2022 FY

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.

Please complete form by August 2021 in its entirety to ensure accurate member information.

NAME OF ORGANIZATION			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	TELEPHONE ()	EMAIL	
COMMITTEE SELECTION (Refer to #5 of Representation Guidelines above & Committee Descriptions) <input type="checkbox"/> Youth Committee <input type="checkbox"/> Valley Early Childhood Council <input type="checkbox"/> Food Task Force <input type="checkbox"/> Communications <input type="checkbox"/> Membership <input type="checkbox"/> Finance <input type="checkbox"/> By-Laws <input type="checkbox"/> Senior Services Council <input type="checkbox"/> Diversity Equity Inclusion Workgroup			PRIMARY SERVICE (/ 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 _____	
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):		

CURRENT FISCAL YR BUDGET: AMOUNT \$ _____		<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: _____
<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"/> _____
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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) _____

DO YOU PROVIDE SPEAKERS/TECHNICAL ASSISTANCE TO GROUPS? ☐ YES ☐ NO

If yes, please list the topics of training and/or technical assistance your agency can offer?

COMPLETED BY	
TITLE	
DATE COMPLETED	

