

2-1-1 Monterey County - Agency Profile

This is the first of three "profile" forms. This profile is used to record general information about the "main office" or "headquarters" of your organization and only needs to be filled out once. The **Site Profiles** and **Service Profiles** are used to record information about any additional sites and services and must be completed with your submission.

AGENCY GENERAL INFORMATION

What is the Legal Name for this agency? (the name listed for tax purposes)

- Yes, Post on Website
 Yes, Print in Directory
 No, Only for Call Center

AKA or DBA Names

Previous Agency Names

MAIN ADDRESS OF AGENCY

What is the street address of this agency (main office)?

If there is a separate mailing address, please list:

Are there multiple locations (sites) at this agency?

- Yes
 No

CONTACT INFORMATION

The following contact information WILL be published for external use:

Primary Phone Numbers: (____)____-____ Ext.____ Administration Other _____

(____)____-____ Ext.____ Hotline Other _____

Fax Numbers: (____)____-____

Website Address: _____

Agency Email: _____

The following contact information WILL NOT be published and is for internal use only. Please provide current contact email addresses for important 2-1-1 Monterey County confirmations and updates.

Agency Director: Name: _____ Title _____
Phone: (____) _____ - _____ Ext. _____ Email _____

Agency Contact Person: Name: _____ Title _____
Phone: (____) _____ - _____ Ext. _____ Email _____

DESCRIPTION

Please give a general statement of the mission of function of this agency as a whole (Please limit to 3-4 sentences)

Days and Hours (of Administration): _____

Agency Type/IRS Status:

- | | |
|--|--|
| <input type="checkbox"/> City | <input type="checkbox"/> Nonprofit (501(c)(6)) |
| <input type="checkbox"/> County | <input type="checkbox"/> For Profit |
| <input type="checkbox"/> State | <input type="checkbox"/> Church affiliated |
| <input type="checkbox"/> Federal | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Nonprofit (501(c)(3)) | <input type="checkbox"/> Other |

Tax ID: _____ **Year Incorporated:** _____

Funded By:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> City | <input type="checkbox"/> Donations |
| <input type="checkbox"/> County | <input type="checkbox"/> Independent Fund Raising |
| <input type="checkbox"/> State | <input type="checkbox"/> Grants |
| <input type="checkbox"/> Federal | <input type="checkbox"/> United Way |
| <input type="checkbox"/> Fees | <input type="checkbox"/> Other (i.e. FIRST 5) _____ |

Handicap Accessibility
(please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Building Entrance Accessible | <input type="checkbox"/> Varies According to Location |
| <input type="checkbox"/> Restroom Accessible | <input type="checkbox"/> Large Type Books |
| <input type="checkbox"/> Special Parking | <input type="checkbox"/> Interpreter for the Deaf |
| <input type="checkbox"/> First Floor Only Accessible | <input type="checkbox"/> Information on Tape or in Braille |
| <input type="checkbox"/> Special Arrangements Can Be Made | <input type="checkbox"/> Elevators |
| <input type="checkbox"/> Not Necessary for Service | <input type="checkbox"/> Full Wheelchair Access/Ramps |
| <input type="checkbox"/> Not Wheelchair Accessible | <input type="checkbox"/> TTY/TDD |

Accessible by public transportation?

- Yes (please describe - ie. Bus route#) _____
 No

Cross Street: _____

Directions to Building: _____

Please complete this **Agency Profile** in its entirety & submit with the completed Site Profiles and Service Profiles to:

UNITED WAY MONTEREY COUNTY
ATTN: 2-1-1 Resource Specialist
60 GARDEN CT STE 350
MONTEREY CA 93940-5346