



2016 Membership Interest Form

Organization Name:	
Address:	
Website:	
Primary Contact:	
Title:	Phone:
Email:	
Executive Director:	
Year organization formed:	Year of 501(c)(3) Determination:
Current # of board members:	Fiscal year:
Does your organization have an annual audit?	FEIN:
2015 revenue:	2015 expenses:
2014 revenue:	2014 expenses:
<p>Caring Connection does not discriminate against individuals on the basis of race, color, religion, creed, national origin, gender, age, sexual orientation, gender expression, marital status, military status, veteran status, physical or mental disability or any other unlawful basis in the administration of services, employment, volunteers, membership or leadership.</p>	
<p>Caring Connection welcomes nonprofits who welcome everyone. Does your nondiscrimination policy include each of the potential bases of discrimination listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If not, would your organization be willing to sign a certificate stating that you do not discriminate for these reasons and/or revise your current policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Does your organization create an Annual Report? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Do you have a staffed office available to the public during regular business hours? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Mission Statement:	
Description of services/programs:	



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General demographics of population served:
Geographic reach of services (include counties served):
How did you hear about Caring Connection?
Define what makes your organization unique and what value you feel you can bring to our workplace giving federation:

Number of Employees: Full-time: _____ **Part-time:** _____

Number of Volunteers, annually _____

Organization's budget for the current fiscal year:

Income: \$ _____ **Expenses: \$** _____

Sources of Income Table

Complete the table below for the organization as a whole, based on the most recently completed fiscal year. Categories may be modified.

Percentage Funding Source

	%	Government grants (federal, state, county, local)	
	%	Government contracts	
	%	Foundations	
	%	Corporate	
	%	Events (include event sponsorships)	
	%	Individual contributions	
	%	Fees/earned income	
	%	Workplace giving campaigns	
	%	In-kind contributions (optional)	
	%	Other: _____	
	%	TOTAL (MUST EQUAL 100%)	



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Along with the completed 2016 Membership Interest Form, please provide a copy of each of the following:

1. IRS 501(c)(3) Determination/Affirmation Letter.
2. Current Board of Directors list.
3. Your most recently completed Annual Report, if available.
4. A copy of the most recently filed IRS 990.

Submit all materials to:

Email:

DKerr@CaringConnection.org

USPS Mail

Caring Connection
P.O. Box 3123
Greenwood Village, CO 80155

Contact Caring Connection staff at 303-641-3254 with questions or for additional information.

Timeline:

- December 31, 2015 – Membership Interest Forms due.
- December - January – Caring Connection staff conducts site visits and sends out additional information requests.
- January, 2016 – Caring Connection staff makes recommendations to the Board of Directors for membership.
- January, 2016 – Caring Connection Board of Directors votes on membership.
- January 1, 2016 – Caring Connection membership begins.