

For office use only:

Key\_\_\_\_\_

Record Owner:\_\_\_\_\_



**New Agency/Organization Profile**

Date\_\_\_\_\_

This is the first of two "profiles" or forms. This profile is used to record general information about the main office or headquarters of your organization. The Additional Site Profile is used to record information about any additional site(s). Please complete the following questions so that we may learn more about your organization.

Gryphon Place 2-1-1 reserves the right to exclude from its database any organization that does not comply with the Inclusion/Exclusion policy. You may find the Inclusion / Exclusion Policy posted online at [www.gryphonplace.org/211](http://www.gryphonplace.org/211)

Please fill out this profile completely and return as soon as possible. If you have any questions, please contact us at 269-381-1510.

Thank you.

(PLEASE TYPE OR PRINT CLEARLY)

**Organization Name**

1- What is the LEGAL name of your organization?

\_\_\_\_\_

2- Are there any previous or former names for your organization? If so, please list:

\_\_\_\_\_

3- Are there any other current (AKA) names for your organization? If so, please list:

\_\_\_\_\_

4- If you are a Non-Profit please provide us your EIN number

**Organization Address**

1- What is the street address of your organization (**main office**)?

Is this address confidential? Yes No

Street City State Zip Code

2- Is there a separate mailing address, if so please list it below:

Is this address confidential? Yes No

Street City State Zip Code

**Phone Numbers**

1- What are the primary phone numbers for your organization?  
Additionally, please indicate the purpose of the phone number. For example:  
**Service/Intake, Administration, Emergency, Fax, Toll Free, TTY/TDD, etc.**

- ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Purpose: \_\_\_\_\_
- ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Purpose: \_\_\_\_\_
- ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Purpose: \_\_\_\_\_
- ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Purpose: \_\_\_\_\_
- ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Purpose: \_\_\_\_\_

**Administrator and Contact Name**

1. Who is the **Executive Director or Administrator** of the organization?

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ E-Mail \_\_\_\_\_

2. Who will be the **Contact Person** to update the information for the organization?

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ E-Mail \_\_\_\_\_

**Web Site and E-Mail** Please Indicate if your agency has e-mail  Yes  No

URL (web site address): \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Organization Type**

1. Organization Type:  
Pick "**one**" of the below that best describes your organization.

- Church Affiliated  Nonprofit Organization  For-Profit Organization
- Government- County  Government- City  Government- State
- Government- Federal  Government-Public School District/Board of Education

2. Facility Type  
Pick "**one**" of the below that best describes your organization.

- School  Church  Office Building
- Government office  Clinic/ Hospital
-

Other: \_\_\_\_\_

**Multi-Site Section**

Mark an "X" in the box if your organization has multiple locations or sites.  
Note: If you checked this box, you will need to complete an "Additional Site Profile" for each site.

**Funding**

What are the sources of funding for the organization?

- United Way                       Grants  
 Government                       Donations or Contributions  
 Other: \_\_\_\_\_

**Agency Description or Mission Statement**

---

---

---

---

---

**Hours and Days of Operation**

On what days and during what hours is the main office staffed for administrative purposes?  
This is generally known as "office hours"

---

---

**Accessibility**

1. Is this site accessible by public transportation?                      Yes                      No  
2. Is this site handicap accessible?                      Yes                      No  
3. List languages, other than English, in which the services are available:

---

**United Way Publications**

Would you like to list your information in our:

- Directory                       Yes                       No  
Web Site                       Yes                       No

**Services provided by organization (main site)**

If your organization has multiple programs that offer different services, please list the program name followed by the service(s). If your organization does not have programs, please list the service provided.

For example:

**Organization with Programs:**

Agency Name: The Church

<u>Program/ Service Name</u>	<u>Description of Service</u>
1- Helping Fund:	Rent, utility and food assistance.
2- We Support:	Bereavement Support Group

**Organization without Programs:**

Agency Name: The Church

<u>Program/ Service Name</u>
1- Rent assistance
2- Utility assistance
3- Food assistance

**AKA Names for Programs:** Other names which the program goes by

**Program Contact Person:** The specific contact for the particular program or service

**Eligibility:** Please list the eligibility requirements for each program/service.

**Program Target Populations:** Please indicate any specific populations to which the program is geared for or targeted towards.

**Area served:** Please indicate if there are specific service areas for your program at the county, city, zip code, or street level.

**Program Hours:** Please indicate when this service is provided, including both day and time.

**Fee:** Please indicate if there is a fee for the service. Also indicate if sliding fee scales are available or types of payment accepted.

**Intake:** Please indicate how the client can access the service.

**Referral or Documents Required:** List the names of the organization that can write referrals for this service or list any documents that are required for this service.

<u>Program/ Service Name</u>	<u>Description of Service</u>
1- _____:	_____
_____	_____

**AKA Names for Program:** \_\_\_\_\_

**Program Contact Person:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Eligibility:** \_\_\_\_\_

**Program Target Populations:** \_\_\_\_\_

**Area(s) Served:** \_\_\_\_\_ **Program Hours:** \_\_\_\_\_

**Fee:** \_\_\_\_\_ **Intake:** \_\_\_\_\_

**Referral or Documents Required:** Yes No **Explain:** \_\_\_\_\_

**Program/ Service Name**

**Description of Service**

2- \_\_\_\_\_ :

AKA Names for Program: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Eligibility: \_\_\_\_\_

Program Target Populations: \_\_\_\_\_

Area(s) Served: \_\_\_\_\_ Program Hours: \_\_\_\_\_

Fee: \_\_\_\_\_ Intake: \_\_\_\_\_

Referral or Documents Required: Yes No Explain: \_\_\_\_\_

**Program/ Service Name**

**Description of Service**

3- \_\_\_\_\_ :

AKA Names for Program: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Eligibility: \_\_\_\_\_

Program Target Populations: \_\_\_\_\_

Area(s) Served: \_\_\_\_\_ Program Hours: \_\_\_\_\_

Fee: \_\_\_\_\_ Intake: \_\_\_\_\_

Referral or Documents Required: Yes No Explain: \_\_\_\_\_

**Program/ Service Name**

**Description of Service**

4- \_\_\_\_\_ :

AKA Names for Program: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Eligibility: \_\_\_\_\_

Program Target Populations: \_\_\_\_\_

Area(s) Served: \_\_\_\_\_ Program Hours: \_\_\_\_\_

Fee: \_\_\_\_\_ Intake: \_\_\_\_\_

Referral or Documents Required: Yes No Explain: \_\_\_\_\_

**Program/ Service Name**

**Description of Service**

5- \_\_\_\_\_ :

AKA Names for Program: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Eligibility: \_\_\_\_\_

Program Target Populations: \_\_\_\_\_

Area(s) Served: \_\_\_\_\_ Program Hours: \_\_\_\_\_

Fee: \_\_\_\_\_ Intake: \_\_\_\_\_

Referral or Documents Required: Yes No Explain: \_\_\_\_\_