

2-1-1 Santa Clara County – AGENCY PROFILE FORM

This is the first of three “profiles” or 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.

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

United Way Silicon Valley
 ATTN: 211 Program Manager
 1400 Parkmoor Ave, Suite 250
 San Jose, CA 95126

AGENCY GENERAL INFORMATION

What is the Legal Name for this agency? (The name listed for tax purposes)		<input type="checkbox"/> Yes, Post on Website <input type="checkbox"/> Yes, Print in Directory <input type="checkbox"/> 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)?		Is this address confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No
If there is a separate mailing address, please list:		Is this address confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there multiple locations (sites) at this agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of sites serving Santa Clara County

CONTACT INFORMATION

The following contact information WILL be published for external use:

Primary Phone Numbers:	() - Ext. <input type="checkbox"/> Administration <input type="checkbox"/> Other () - Ext. <input type="checkbox"/> Hotline <input type="checkbox"/> Other
Fax Number:	() -
Website Address:	
Agency Email:	

The following contact information WILL NOT be published and is for internal use only. Please provide legitimate contact email addresses for important 2-1-1 Santa Clara 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 or 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"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Nonprofit (501(c)(3))	<input type="checkbox"/> Nonprofit (501(c)(6)) <input type="checkbox"/> For Profit <input type="checkbox"/> Church affiliated <input type="checkbox"/> Support Group <input type="checkbox"/> Other
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Tax ID:		Year Incorporated:	
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Funded By (please select all that apply)	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fees	<input type="checkbox"/> Donations <input type="checkbox"/> Independent Fund Raising <input type="checkbox"/> Grants <input type="checkbox"/> United Way <input type="checkbox"/> Other (i.e. FIRST 5)
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Handicap Accessibility (please select all that apply)	<input type="checkbox"/> Building Entrance Accessible <input type="checkbox"/> Restroom Accessible <input type="checkbox"/> Special Parking <input type="checkbox"/> First Floor Only Accessible <input type="checkbox"/> Special Arrangements Can Be Made <input type="checkbox"/> Not Necessary for Service <input type="checkbox"/> Not Wheelchair Accessible	<input type="checkbox"/> Varies According to Location <input type="checkbox"/> Large Type Books <input type="checkbox"/> Interpreter for the Deaf <input type="checkbox"/> Information on Tape or in Braille <input type="checkbox"/> Elevators <input type="checkbox"/> Full Wheelchair Access <input type="checkbox"/> Ramps
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Accessible by public transportation?	<input type="checkbox"/> Yes (please describe) <input type="checkbox"/> No
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Cross Street

Directions to Building