



Community Conscience – Criteria for admission to the Human Services Center

Criteria for admission shall be distributed to all non-profit organizations who are interested in becoming tenants in Community Conscience's building. Applicants shall submit a letter of application which addresses the criteria listed below. Application for admission shall be submitted to the property manager/Executive Director who shall make recommendations to the Community Conscience Board of Trustees. The Board of Trustees shall make the final decision for admission.

Criteria- All applicants must meet the following requirements:

1. Must be a 501 (c) (3) agency – Provide a letter of determination from the IRS.
2. Must be a direct provider of human services. Letter of application should explain exactly how you plan to use the office space you are applying for.
3. Provide completed Questionnaire. (attached)
4. Must provide financial documents including balance sheets and profit and loss statements for latest two year period.
5. Must provide the most recent tax return.

Additionally all applicants will be considered using the following:

1. Service by applicant meets a perceived need in the community.
2. Applicant delivers service at no cost to residents with incomes below the federal poverty level.
3. Number of individuals served per month along with days and times of those services being provided.
4. Number of paid staff and volunteers, including days and times staff and volunteers will be using the space.
5. Willingness to refer clients to, and receive clients from, other agencies in Community Conscience's building.
6. Services provided by applicant agency supplements, rather than duplicates, services of other agencies already present.

Community Conscience - Human Services Center
Services Rendered Questionnaire

- 1) Name of Organization: _____
- 2) IRS Tax ID#: _____
- 3) Date organization was established: _____
- 4) Type of Services and/or programs that are provided: _____

- 5) What location are you providing services now? _____
- 6) Will this be your main office or a branch office? _____
- 7) Number of paid staff members: Full time _____ Part Time _____
- 8) Number of volunteer staff members: Full time _____ Part Time _____
- 9) Square footage of office space needed: _____
- 10) Hours of operation: _____
- 11) How often would you request the conference room? _____
- 12) Estimated annual budget: \$ _____
- 13) What are your expenses: \$ _____
- 14) What percent of budget used for administration costs: _____
- 15) Percent of budget used for client services: _____
- 16) Average number of clients served in a year directly: _____
- 17) Average number of clients served with out-reach programs: _____
- 18) Estimated number of clients served since inception: _____
- 19) How are clients referred to your organization: _____
- 20) Do you make referrals to other organizations within the building and, if so, what other organizations: _____

- 21) Does your organization provide financial assistance to clients: _____
- 22) What percentage of your clients are poverty/low income: _____
- 23) Length of time a typical client remains in your system: _____
- 24) What type of follow-up do you provide: _____
- 25) Can you give examples of successful client assistance: _____

If you need more space, write "SEE ATTACHED" and please include the item number you are responding to on the attachment. If an item does not pertain, please put "N/A."