



California / Nevada  
Community Action Partnership



Community Action  
ARRA at WORK

**Membership Application: Regular and Associate**

*Please type or print clearly*

<b>Agency Name:</b>	
<b>Business Address:</b> Street:	<b>Main Phone #:</b>
<b>City:</b>	<b>Main Fax #:</b>
<b>Web Site:</b>	<b>Zip Code:</b>
<b>Mailing Address (if different from above):</b> Street:	
<b>City:</b>	<b>Zip Code:</b>

<b>Executive Director/CEO:</b>		
<b>Mailing Address: (if different from above)</b> Street:		
<b>City:</b>	<b>Zip Code:</b>	
<b>Direct Phone #:</b>	<b>Direct Fax #:</b>	<b>Direct Email:</b>

<b>Board Chair (CAA's only – voting purposes):</b>		
<b>Mailing Address:</b> Street:		
<b>City:</b>	<b>Zip Code:</b>	
<b>Direct Phone #:</b>	<b>Direct Fax #:</b>	<b>Direct Email:</b>

<b>CSBG Program Manager:</b>		
<b>Mailing Address:</b> Street:		
<b>City:</b>	<b>Zip Code:</b>	
<b>Direct Phone #:</b>	<b>Direct Fax #:</b>	<b>Direct Email:</b>

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**ABOUT YOUR AGENCY (The following information is to help build your Cal/Neva member profile so we can get to know you better)**

Districts: \_\_\_\_\_  
 Assembly: \_\_\_\_\_  
 Senate: \_\_\_\_\_  
 Congressional: \_\_\_\_\_

Do you have a tri-partite Board:  Yes  No  
 Do you have parent or subsidiary agencies?  Yes  No If yes, please attach a list.

TYPE OF AGENCY  Public  Private Non-Profit  
 Approximately how many people do you employ? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Geographic Service Area:  Urban  Rural  Both

Indicate the areas in which your agency provides services: *(check all that apply)*

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> Adult / Senior         | <input type="checkbox"/> Econ/Community Dev     | <input type="checkbox"/> Food / Hunger          | <input type="checkbox"/> I & R / Outreach     | <input type="checkbox"/> Substance Abuse       |
| <input type="checkbox"/> Advocacy               | <input type="checkbox"/> Education              | <input type="checkbox"/> Head Start / Childcare | <input type="checkbox"/> IDA / Asset Bldg     | <input type="checkbox"/> Transportation        |
| <input type="checkbox"/> Child / Youth / Family | <input type="checkbox"/> Emergency / Safety Net | <input type="checkbox"/> Homeless               | <input type="checkbox"/> Mental / Medical     | <input type="checkbox"/> Volunteer Network     |
| <input type="checkbox"/> Domestic Violence      | <input type="checkbox"/> Energy (LIHEAP, etc.)  | <input type="checkbox"/> Housing                | <input type="checkbox"/> Mentoring / Tutoring | <input type="checkbox"/> Workforce Development |
| <input type="checkbox"/> Other _____            |   |   |   |  |

Main Sources of Funding: *(check all that apply)*

- |                               |   |                                      |                                      |                                 |
|-------------------------------|---|--------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> CSBG | <input type="checkbox"/> DHHS               | <input type="checkbox"/> WIA         | <input type="checkbox"/> City        | <input type="checkbox"/> County |
| <input type="checkbox"/> CDBG | <input type="checkbox"/> LIHEAP             | <input type="checkbox"/> OCS         | <input type="checkbox"/> Foundations |                                 |
| <input type="checkbox"/> DHCD | <input type="checkbox"/> Dept. of Education | <input type="checkbox"/> Other _____ |                                      |                                 |

What is your total annual budget from all sources? *(check one)*

- \$50,000 - \$250,000  \$250,001 - \$1,000,000  \$1,000,001 - \$10,000,000  \$10,000,001 - \$20,000,000  \$20,000,001 & higher

Select Your Membership Category:

Membership Dues

**Regular CAA Member**– Private, non-profit organizations that receive anti-poverty funding and are governed by a “tri-partite” board, or public agencies with a tri-partite community action board. Each CAA Regular member has two (2) votes; one for the agency’s Board Chairperson or designee, and one for the agency’s Executive Director or designee. Membership dues are .35% of the CAA’s prior year’s CSBG funding.

Regular CAA Member:

\$ \_\_\_\_\_ x .0035 = \$ \_\_\_\_\_  
 (2009 CSBG Funding)

**Associate Member** – Agencies that receive anti-poverty funding but are not governed by a tri-partite board. Associate members have one vote for the agency’s Executive Director.

Associate Member:

\$400.00

Select Method of Payment:  Payment Enclosed  Bill Organization

**Please Mail Payment and Completed Application to:**

California/Nevada Community Action Partnership  
 225 - 30<sup>th</sup> Street, Suite 200  
 Sacramento, CA 95816  
 Attn: Koleen Clary-Biegacki