**Agency Overview**

| **Name of Agency** | **Address of Agency****(List All)** | **Contact Info for Agency****(Phone and Website)** |
| --- | --- | --- |
|  |  |  |

| **CEO or Executive Director** |
| --- |
| **Name** | **Phone** | **Email** |
|  |  |  |

| **Mission Statement** |
| --- |
|  |

| **Services Provided** |
| --- |
|  |

| **Financial Overview** |
| --- |
| **Fiscal Year (MM/DD to MM/DD)** | **Total Budget** | **Budget of Activities in Lake County** |
|  |  |  |

| **Funding Sources****(Please keep this information confidential)** |
| --- |
| **% of Government** | **% of Private** | **% of Income Earned** |
| Federal:State:County: |  |  |

**Membership Communications**: Please list individuals that apply to these questions: (Newsletter, event notifications, Circle platform, and access to our portal, RESPOND meetings)

Who should receive access to the AHS Member portal and Circle platform? Who should receive our newsletters? Who should receive event notifications? Who should participate in RESPOND meetings?

**NOTE: RESPOND meetings are intended for frontline and social workers**. **Multiple People can join these meetings.**

| **Staff and Volunteers** |
| --- |
| **Name** | **Email** | **Title** | **Newsletters****&****Events** | **Member Portal & Circle** | **RESPOND** | **Alliance** | **Membership Invoice** |
|  |  |  |  |  |  |  |  |
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