

AGENCY REGISTRATION FORM



1. **NAME OF ORGANIZATION** *(Include other names this agency is also known as in the community, including former known names and acronyms.)*

2. **AGENCY/ORGANIZATION DESCRIPTION** *(Describe the general focus of your agency/organization and the population it serves. Please use the Program/Service Registration Form to describe the programs/services offered.)*

3. **ADDRESS** *(Main/Administrative physical address of agency/organization)*

Keep Main address private on public website?
Yes No

4. **HOURS OF OPERATION** *(Days and times the Agency/Organization is available and accessible to the public. Please use Regular Time, not military.)*

5. **DISABILITY ACCESS** *(Specify if this location is accessible by wheelchair or other adaptive equipment)*

6. **MAILING ADDRESS** *(If different than location)*

Same as Location

Keep Mailing address private on public website?
Yes No

7. **PHONE NUMBERS**

Main Number for Agency:

Details:

Fax Number:

Details:

Additional Numbers:

Details:

8. **MAIN EMAIL** *(for public inquiries)*

9. **WEBSITE**

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10. MAIN CONTACT *(Person who will receive annual verification requests)*

Name: _____ Title: _____
Phone: _____ E-Mail: _____
Keep this information private on public website

11. DIRECTOR OR SENIOR ADMINISTRATOR

Name: _____ Title: _____
Phone: _____ E-Mail: _____
Keep this information private on public website

12. TAX STATUS

501(a) 501(c)(3) Registered Charity Commercial
Other: _____

13. LEGAL STATUS *(Choose one)*

Non Profit - Incorporated <input type="checkbox"/>	Membership <input type="checkbox"/>	Government - City <input type="checkbox"/>
Non Profit - Unincorporated <input type="checkbox"/>	Coalition <input type="checkbox"/>	Government - County <input type="checkbox"/>
	Faith Based <input type="checkbox"/>	Government - State <input type="checkbox"/>
	Tribal <input type="checkbox"/>	Government - Federal <input type="checkbox"/>

Other: _____

Submitted by: _____	Phone Number: _____
Title: _____	Date: _____
E-Mail: _____	

Return form to info@211sonoma.org or fax to (707) 565-2661, ATTN: 2-1-1 Resource Department

By submitting this form, you give consent for this submission to be included on the 2-1-1 Sonoma website and resource database. 2-1-1 Sonoma Resource Department reserves the right to change or modify this information at its discretion. The Resource Department will review and decide whether to include or exclude this submission from the 2-1-1 Sonoma website and resource database based on the inclusion/exclusion criteria (available to view here: <http://211sonoma.org/service-providers-2/>).

FOR OFFICE USE ONLY	
Date received: _____	Date Added to database: _____