Actualized. Accurate. Authentic.

Application for Certification

Incorporated Name: _____ Website: _____

Physical Address: _____ City: _____ St: _____ Zip: _____

Applicant Name: _____ Email: _____ Phone: _____

- ⬤ What is your organization's mission?

  _____

- ⬤ What primary good or service is provided for people in need?

  _____

- ⬤ How do you determine need?

  _____

- ⬤ What are the most important outcomes you measure? (no more than 3)

  _____

  _____

  _____

- ⬤ Describe the method of measurement for each

  _____

  _____

  _____

- ⬤ Attach supporting documentation of those data for last fiscal year.

- Does your organization share client information electronically with other like organizations in the community?   Y / N

  o   If yes, what is the name of that system? _____

- Does your organization do a client intake?   Y / N

  o   If yes, attach a client intake form.

- Does your organization set goals with its clients?   Y / N

  o   If yes, describe the procedure for accountability.

  _____

  _____

  _____

- Does your organization require effort or work from the client or client's family?   Y / N

  o   If yes, describe the requirements

  _____

  _____

  _____

- Was your organization 100% privately funded last fiscal year?   Y / N

- Did your organization receive any local, state or federal public funding this year or in the previous fiscal year?   Y / N

- Is your organization a church?   Y / N

- Did your organization file a 990 last fiscal year?   Y / N

- What is the start date of your fiscal year? _____

There is no fee associated with this application. Please return to: True Charity, 705 E. 15th. St, Joplin, MO 64801 or email to hannah@truecharity.us