

**IOWA STATE UNIVERSITY
EXTENSION AND OUTREACH 2-1-1
DATABASE APPLICATION**

PART 1: AGENCY INFORMATION

1. Agency Name: _____

Location/Address refers to the actual physical location of your agency/program, while the *Mailing Address* will be used strictly for mailing labels.

2. Location/Address: _____

City: _____

State: _____ Zip: _____ County: _____

Mailing Address (if different from above):

Address: _____

P.O. Box: _____

City: _____

State: _____ Zip: _____

Also Known As (AKA) refers to a previous name (or any other name) the public would recognize as your organization.

3. Also Known As (AKA): _____

4. Agency Type (please circle one): NON-PROFIT FOR PROFIT PUBLIC/GOVERNMENTAL OTHER

5. Are you recognized as a 501(C3) organization (please check one): YES NO

6. Person-in-Charge of Agency: _____ Title: _____

When filling out *Telephone Numbers*, please include a description (who/where) for any alternate phone numbers.

7. Telephone Numbers:

(____) _____ - _____ Main
(____) _____ - _____ TTY
(____) _____ - _____ _____
(____) _____ - _____ _____
(____) _____ - _____ Fax Number

8. Email: _____

Web Address: _____

9. Hours/Days: _____

Continued on back....

Please provide an accurate and detailed description about your agency and the services you offer to the community.

10. Agency Description: _____

Please provide a listing of all sites operated by your agency. A completed Database Program Application will be required for each site listed.

11. Sites Operated: _____

12. ISU E & O updates program information annually. Choosing fax or email method will speed up the updating of your program, and help keep down costs for ISU E&O as well. Please indicate how you prefer to receive update requests: Mail Fax Email

Note: If choosing fax or email, please be sure the proper fax number or email address is provided in #7 or #8 on page 1 of this application.

Please designate a person ISU E&O can contact for questions or updates regarding your agency and programs. Updates will be the responsibility of this Contact Person.

13. Contact Person: _____ **Phone/ext.** _____

14. ISU E&O publishes various directories. If you do not want to have this information published, please check the box:

No, I do not want my agency/program information published at this time.

15. Do you collect or report statistical information for purposes of funding, needs assessment, etc.? Yes No

16. Will it be necessary to call ahead before faxing your agency? Yes No

17. Is your agency licensed or accredited? Yes No

If so, by whom? _____

18. Please sign and date:

Name: _____ Date: _____

Database eligibility for each agency/site will be determined by ISU E & O 2-1-1. Therefore, completion of this form does not guarantee inclusion in the database.