

2019 APCF Network Agency Application

NOTE: You will not be able to save your form and return to it. Do not hit backspace or refresh when filling out this form.

Deadline for 2019 Membership is Friday, January 18, 2019.

For questions, please contact Karen Fan at kfan@apcf.org or (213) 624-6400 ext 8.

1 Eligibility

2 Application

Organization: *

Address *

Street Address

Address Line 2

City

State / Province / Region

United States ▼

Postal / Zip Code

Country

Phone Number *

 - -

####

Website *

Federal Tax ID #: *

Year Incorporated: *

2018 Budget: *

\$.

Dollars

Cents

2017 Budget: *

\$.

Dollars

Cents

2016 Budget: *

\$.

Dollars

Cents

Contact Information

Executive Director: *

First

Last

Title (if different):

Address (if different):

Email *

Primary Contact (if not Exec Dir):

First Last

Title:

Address (if different):

Phone:

Email:

Secondary Contact (Optional):

First Last

Title:

Address (if different):

Phone:

Email:

If the Executive Director is not the primary contact, should he/she receive APCF emails and other notifications for the Network Agency members? *

- Yes
 No

Organization Info

Mission Statement: *

How many people were served by your agency in 2018? *

of Full Time Staff: *

of Part Time Staff: *

of Volunteers: *

Primary Services of the Organization

Please list and describe the top four primary services:

First Primary Service: *

Second Primary Service: *

Third Primary Service: *

Fourth Primary Service: *

What are the demographic details of your agency's clients?

All categories should total 100%. If none, please put 0.

Ethnicity:

Asian American *

Pacific Islander *

Latino *

%

African American *

%

Bi/Multi-Racial *

%

Other: *

%

Please specify other ethnicity/ies:

%

Native American *

%

Unknown *

%

%

White *

%

SAMPLE

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Organization *

Please further breakdown the Asian American Ethnicity category:

All categories should total 100%. If none, please put 0.

Asian & Pacific Islander Ethnicity:

Bangladeshi *

Bhutan *

Cambodian *

Chamorro/Guamanian *

Chinese *

Filipino *

Indian (Asian) *

Indonesian *

Japanese *

Korean *

Lao *

Maldivian *

Marshallese *

Mongolian *

Native Hawaiian *

Nepalese *

Pakistani *

Samoa *

Sri Lankan *

Thai *

Tongan *

Vietnamese *

Bi/Multi-Racial *

Unknown *

Other: *

Please specify other Asian & Pacific Islander ethnicity:

Services provided in the following languages (check all that apply): *

- | | | |
|------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Cebuano | <input type="checkbox"/> Chamorro | <input type="checkbox"/> Chiu Chow |
| <input type="checkbox"/> English | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Ilocano | <input type="checkbox"/> Indonesian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Kannada | <input type="checkbox"/> Katchi |
| <input type="checkbox"/> Khmer | <input type="checkbox"/> Korean | <input type="checkbox"/> Lao |
| <input type="checkbox"/> Malayalam | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Marathi |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Mongolian | <input type="checkbox"/> Nepali | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Tagalog | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Thai | <input type="checkbox"/> Toisan | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Singhalese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | |

Other language(s):

Services provided in the following geographical locations (check all that apply): *

- Nationwide
- California Statewide
- Los Angeles Countywide
- Orange Countywide
- Riverside Countywide
- San Bernardino Countywide
- Ventura Countywide

Other geographical location(s):

Network Membership Fee

*

- \$100 – Budget Over \$1M
- \$50 – Budget \$1M and Under

After you submit this application, you will be taken to a page to process payment online. Under Optional Designation, please select "Network Agency Fee."

If you prefer to pay by check, please make checks payable to APCF and mail it to the address below. Applications are not complete until payment is received.

Mail Checks to:

Asian Pacific Community Fund
 1145 Wilshire Blvd, Suite 105
 Los Angeles, CA 90017
 Attn: Network Agency

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Email: *

Confirmation will be sent to this email address.

SAMPLE