



United Way of Broome County

AGENCY DESCRIPTION FORM

Agency Name: _____ Common Acronym: _____

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____

Hours: _____ Counties Served: _____

Website: _____

Email: _____

Mailing Address: _____

Agency Type (Circle One):

Government

Private Non-Profit

Religious

Private For-Profit

Self Help Group

Community Action

Do you have 501(c) (3) status? Yes/No If yes, please send a copy to us.

We also require the FEN number _____

Agency Mission Statement:



United Way
of Broome County

For each program offered by your agency, please complete a program detail summary.

PROGRAM DETAIL SUMMARY

Program Name: _____ Common Acronym: _____

Contact Person: _____ Title: _____

Telephone: _____ Hours: _____

Location: _____

Services: _____

Eligibility: _____

Area(s) served: _____

Client Ages: _____ Fees: _____



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Program Name: _____ Common Acronym: _____

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