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# Affiliate Agency Application

**Our mission is to strengthen the Asian and Pacific Islander community in the Bay Area by increasing philanthropy and supporting the organizations that serve our most vulnerable community members.**

**Agency Name** (as appears in Articles of Incorporation/By Laws):

**Agency Street Address, City and Zip Code**:

**Mailing Address (if different from above):**

**EIN:**

**(If fiscally sponsored, please provide name):**

**Annual Operating Expense for last 3 years (please indicate FY or Calendar year):**

**2023:**

**2022:**

**2021:**

**Year Founded:**

**Telephone:** ( )

**Website:**

**Organization’s general e-mail address:**

**Name of Executive Director:**

**E-mail of Executive Director** (for Asian Pacific Fund use only):

**Organization Mission Statement:**

**List number of staff members:**

Full Time \_\_\_\_\_\_\_\_ Part Time \_\_\_\_\_\_\_\_\_

**Provide information below that demonstrates your staff has expertise, cultural competence and language ability to deliver services to vulnerable Asian and/or Pacific Islander community members:**

**How many clients are served annually by your organization?** \_\_\_\_\_\_\_\_\_\_\_\_\_

**What percentage of your clients served are Asian and/or Pacific Islander**? \_\_\_\_\_\_\_\_\_\_

**List top 3 ethnicities of clients served *[optional]***

**Brief description of key programs (three are adequate) administered (300 word limit), or attach agency brochure:**

**Location of Organizational Headquarters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List Geographic Focus Area: (cities or counties) served by your organization:**

**Choose up to 2 Service Categories listed below that best describes your organization:**

\_\_\_Empower Women \_\_\_Promote Health & Well-being

\_\_\_Youth Development \_\_\_Support Families

\_\_\_Support Seniors \_\_\_Foster Cultural Preservation/Arts

\_\_\_Provide Legal Services \_\_\_Civic Engagement and/or Advocacy

\_\_\_Assist New Immigrants \_\_\_Community Development

\_\_\_Education \_\_\_Workforce Development

\_\_\_Environmental Conservation \_\_\_Developmental Disabilities

\_\_\_Drug and Violence Prevention \_\_\_LGBTQIA+ Rights

\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Please attach the following documents along with this completed application and email to tavae@asianpacificfund.org:**

1. List of Board of Directors (first/last name, ethnicity and affiliation /title)

2. Copy of 501(c)(3) tax exemption letter

3. Copy of most recently filed IRS Form 990 or audited financial statements

**We have reviewed the “Affiliate Agency Guidelines,” as listed on your website and affirm that our organization meets the outlined criteria as well as all applicable federal, state, and local registration and reporting requirements for not-for-profit organizations. If accepted as an affiliate agency of the Fund, we agree to participate in the manner outlined in “Affiliate Agency Guidelines.”**

**Signature of the Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

**Name of the President of the Board:**

**Signature of the President of the Board: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

(revised Mar 2024)