

Name of organization: _____

Website address: _____ *If you do not have a website, attach brochure and detailed description of daily activities of organization.*

A. Facilities and Operations

1. Indicate number of clients, students or members in each age range: NA ___ 0-5 ___ 6-14 ___ 15-18 ___ 19-62 ___ 62-75 ___ 75-85 ___ 86+
2. Provide all applicable information:

Payroll: _____ Number of employees: _____ Number of volunteers: _____

Number of client workers: _____ Number of members: _____

3. Years under current management: _____

4. List all accreditations: _____

5. Is your organization a non-profit? YES NO

6. Is your organization or any location operated by you licensed by any regulatory authority? YES NO

If yes, a. Attach copies of all licenses and most recent inspection reports.

b. When were your facilities last inspected? _____

c. Were any violations or deficiencies noted on your most recent inspection? YES NO

7. Does your organization:

a. Provide adoption or foster placement services? YES NO

b. Provide methadone or detoxification services? YES NO

c. Provide services to sex offenders or those who have acted out sexually? YES NO

d. Provide services to bi-polar, schizophrenic, paranoid, psychotic or severely mentally ill clients? YES NO

e. Provide services to clients that are suicidal or violent? YES NO

f. Provide services to those with alzheimer's or dementia? YES NO

g. Provide alternative sentencing, incarceration or lock-down programs? YES NO

h. Provide medical services (e.g. skilled nursing, medical treatment, etc.)? YES NO

i. Ever use chemical or physical restraints, or restraint techniques on clients or students? YES NO

j. Provide respite care? YES NO

k. Have employed doctors, dentists, psychiatrists or nurse practitioners? YES NO

l. Sponsor rallies, civil demonstrations or protests? YES NO

m. Own or operate tanning beds? YES NO

n. Provide commercial lending services or handle clients' money? YES NO

o. Only provide referrals to other organizations (no direct services)? YES NO

If yes to any listed above, describe: _____

8. Do you have any mentoring programs that match youth with mentors? YES NO

If yes, a. Is contact required to be in a group setting? YES NO

b. Provide a description of program and how many clients are served: _____

9. Does your organization provide services in private homes (e.g. meal delivery, chore assistance, respite care, etc.)? YES NO

If yes, provide a description of services and how many clients are served: _____

10. Do you accept donations of vehicles of any type? YES NO

If yes, how are vehicles used?

- a. Used in daily operations of organization Sold directly to the public as a fundraiser
 Vehicle is titled to an independent broker, when sold, profits are returned to the organization

b. How many vehicles do you receive in an average year? _____

11. Do you operate a bingo? YES NO

If yes, provide annual number of attendees: _____ and gross revenue: _____

12. If armed security officers are indicated:
- Officers are (indicate all that apply): Employed Contracted
 - Is insurance in place for the security force (either employed or contracted)? YES NO
If yes, attach a full copy of insurance policy.
13. What security measures are in place at your locations?
 Electronic locks on doors Alarmed doors Wander-guard Unarmed security guards
 Armed security guards Security cameras Other: _____
14. Do you have any buildings that are more than 50% vacant or unoccupied? YES NO
15. Do you routinely receive donations of real property (land or buildings)? YES NO
If yes, describe type of property accepted, condition of property accepted and usage of property:

16. Do you have any plans for renovations or new construction during the next 2 yrs? YES NO
If yes, describe: _____
17. Are portable heaters used in any buildings? YES NO
If yes, describe type of heater and safety controls: _____
18. Do any locations have sprinklers? YES NO
If yes, are all sprinklers either recessed or protected by sprinkler head guards? YES NO
19. Does your organization provide accident insurance for members or clients? YES NO
If yes, a. Insurance company name: _____ Policy number: _____
 Policy period: _____ Limits: _____
 b. Accident insurance: applies to all members or clients is optional, at member or clients' expense

B. Organizations in Business Less than 3 Years SECTION NOT APPLICABLE

Complete this section if your organization has not been in business at least 3 years.

1. Please list all sources of funding or revenue and amount of funding or revenue for the current fiscal year:

2. What are total projected expenses for the current fiscal year? \$ _____
3. Attach copies of executive staff résumés.

C. Performing Arts Operations SECTION NOT APPLICABLE

Complete this section if your organization offers performance arts (e.g. theatrical or musical productions).

1. What type of performances (e.g., ballet, plays, etc.)? _____
2. Total number of performances that occur annually: _____
3. What is the total annual attendance for all performances? _____
4. Do you hold any performances away from premises owned or leased by you? YES NO
If yes, do you provide ushers, ticket takers or ticket sellers? YES NO
5. Are any pyrotechnics used during performances? YES NO
If yes, describe type of pyrotechnics and safety controls in place: _____
6. Do you perform at locations owned by or leased to your organization? YES NO
If yes,
- | | |
|---|--|
| a. What is the seating capacity of the theater? _____ | f. Are exits lighted? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| b. Is the building fully sprinklered? YES <input type="checkbox"/> NO <input type="checkbox"/> | g. Is there panic hardware on the exits? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| c. Are there curtains on the stage? YES <input type="checkbox"/> NO <input type="checkbox"/> | h. Is there balcony seating? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes , are curtains fire resistant? YES <input type="checkbox"/> NO <input type="checkbox"/> | i. Is there a lowered pit area near the stage? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| d. Are aisles lighted? YES <input type="checkbox"/> NO <input type="checkbox"/> | j. Do ushers assist patrons to seats during performances? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| e. Is there emergency lighting? YES <input type="checkbox"/> NO <input type="checkbox"/> | |

D. Facility Rental SECTION NOT APPLICABLE

Complete this section if your organization rents your premises to others.

1. Number of times a year your premises is rented, either for a fee or at no cost? _____
2. Are all renters required to sign written rental contract? YES NO
If yes,
- Does your rental agreement contain "hold harmless" clause in your favor? YES NO
 - Does your contract require you to be named as additional insured on the renter's policy? YES NO
 - Does agreement make the renter responsible for security during rental period? YES NO
3. Are all renters required to submit a certificate of insurance or a copy of the declarations page as proof of liability coverage? YES NO
4. Do you rent premises to those that do not carry liability insurance? YES NO

E. Special Events

SECTION NOT APPLICABLE

Complete this section if your organization holds, sponsors or co-sponsors any special events or fundraisers.

- Total number of events: _____
- Complete chart below for each event. **If additional space is required, provide information on an attachment.**

Provide the following information:	EVENT 1	EVENT 2	EVENT 3
Name of event:			
Date, time and location of event:			
Total estimated attendance:			
Gross sales from admissions:	\$	\$	\$
Gross sales from food or non-alcoholic beverage sales:	\$	\$	\$
Gross sales from alcohol sales:	\$	\$	\$
Other gross sales:	\$	\$	\$
Annual event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has any claim or incident ever arisen out of this event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Emergency medical personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Security personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Golf carts or trams at event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities at event (use all applicable activity codes from list below):			

Activity Codes (for use above)

- | | | |
|---------------------------|--|---|
| A. Golf outing | H. Aircraft (motorized or not) | O. Parade (only entry of float into a parade) |
| B. Wine tasting | I. Animals | P. Parade – participation in a parade (no-floats) |
| C. Dinner, gala or picnic | J. Athletic participation | Q. Parade – sponsorship of a parade |
| D. Auction | K. Fireworks sales or show | R. Use of any motorized vehicle(s) |
| E. House tour | L. Haunted house or trail | S. Concert – describe type of music |
| F. Fashion or Art Show | M. Mechanical rides | T. Other – describe in space above |
| G. Bingo | N. Non-mechanical entertainment devices (e.g. bounce houses) | |

- Do you sponsor or co-sponsor any parades? YES NO
If yes, a. Number of: floats ____ horses ____ participants ____
 b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants? YES NO
- a. Describe all mechanical or non-mechanical devices used at special events: _____

 b. Are devices indicated provided and operated by a contractor? YES NO
If yes, do you obtain or require a certificate of insurance from the contractor? YES NO

F. Liquor or Alcohol Served or Sold

SECTION NOT APPLICABLE

Complete this section if your organization sells alcohol, either annually or for special events.

- Gross annual alcohol sales: \$ _____
- Is any employee or volunteer of your organization responsible for serving alcohol? YES NO
- What alcohol dispensing controls are in place? _____
- Type of license you have for sale of alcohol: Permit for event only Annual liquor license Alcohol served by caterer

G. Automobile Exposures**SECTION NOT APPLICABLE** *Complete this section if your organization has submitted owned, non-owned or hired automobile coverage to us.*

1. Does your organization own or lease autos? YES NO
2. Are all autos submitted for coverage titled to the organization? YES NO
- If no**, describe which autos are not titled to the organization and list the titled owner: _____
3. Do any autos have wheelchair lifts? YES NO
- If yes**, describe wheelchair lift training provided to drivers: _____
4. Do you provide transportation to any clients, members or the general public? YES NO
- If yes**, describe: _____
5. Does your organization spend more than \$2,500 on vehicle rentals per year? YES NO
- If yes**, annual cost: \$ _____
6. Do any employees or volunteers use their **personal automobiles** on behalf of the organization, either on a daily or weekly basis? YES NO
- If yes**, a. Number that have daily or weekly usage of **personal autos**: _____ employees _____ volunteers
- b. Indicate type of usage:
- Errands
- Delivery of meals or property – average number of deliveries per week: _____
- Transportation of other people – average number of people transported per week: _____
- c. Does your organization require proof of personal auto insurance on vehicles driven for your organization, at each policy renewal? YES NO
- d. Does your organization have a minimum requirement for personal auto policy limits? YES NO
- If yes**, indicate minimum limits you require: _____
7. Does your organization run annual MVRs on:
- a. Those who drive your autos? YES NO
- b. Those who drive their personal autos on your behalf? YES NO

H. Schools**SECTION NOT APPLICABLE** *Complete this section if your organization is a licensed school or other educational institution.*

1. Is this a charter school? YES NO
2. Is corporal punishment coverage desired? YES NO
3. Does school have any stadiums, bleachers or grandstands? YES NO
4. Your school's primary purpose or mission is to provide the following types of education (check all applicable):
- Art, dance or music Education to developmentally impaired Education to learning impaired Education to physically impaired
- Education to emotionally impaired, including mentally ill, suicidal, violent and/or oppositionally defiant

I. Abuse Sensitive Clients, Members, Students**SECTION NOT APPLICABLE** *Complete this section if your organization deals directly with minor clients (under age 18), developmentally or physically disabled clients, mentally ill clients or elderly.*

1. As respects abuse,
- a. Have any claims been filed or allegations of abuse been made against your organization or anyone working on behalf of your organization? YES NO
- b. Are you aware of any occurrences that could lead to a claim? YES NO
- If yes** to above, explain: _____
2. Does your organization have written policies that require known or suspected abuse incidents be reported to proper authorities? YES NO
3. Does your organization require at least 2 employees or volunteers to be with clients at all times, prohibiting all employees and volunteers from being alone with clients? YES NO
- If no**, explain _____
4. Indicate all employee and volunteer screening controls used by your organization:
- | Provide the following information: | EMPLOYEES | VOLUNTEERS |
|--|--|--|
| | <input type="checkbox"/> NO EMPLOYEES | <input type="checkbox"/> NO VOLUNTEERS |
| a. Written applications required | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| b. Picture ID required | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| c. Personal interviews conducted | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| d. Personal references checked | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| e. At least 5 years of employment history verified | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| f. Education of professionals verified | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| g. Licensing/certification of professionals verified | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Explain any **NO** responses: _____

5. Indicate all background checks which are conducted:

Provide the following information:

EMPLOYEES

VOLUNTEERS

NO EMPLOYEES

NO VOLUNTEERS

- a. No background checks conducted
YES NO YES NO
- b. Name check – local level
YES NO YES NO
- c. Name check – state level
YES NO YES NO
- d. Name check – national level (e.g. using online vendor services)
YES NO YES NO
- e. State level 10-digit fingerprint check
YES NO YES NO
- f. FBI fingerprint check **regardless of time person has resided in the state**
YES NO YES NO
- g. FBI fingerprint check **if person has resided in the state less than 5 consecutive years**
YES NO YES NO
- h. FBI fingerprint check – other criteria – describe: _____
- i. Description of other screening methods: _____

6. Are all controls indicated in 4 and 5 above completed prior to:

- a. Hiring employee or accepting volunteer? YES NO
- b. Employee or volunteer contact with client? YES NO

Explain any **NO** responses: _____

7. Do applications contain a notice that a criminal background check may be run on all candidates? YES NO

If yes, does application advise applicant that they may be rejected or terminated based on an unacceptable background check? YES NO

8. How long are employee and volunteer records, including record of background checks, retained?

- Number of years: _____
- Permanently

Completed by: _____ Date Completed: _____