

Boston Capacity Tank

Email/Fax Intake Form

Section I: Initial Contact Information & Brief Agency Description

Name: _____ Title _____

Agency name (legal name): _____

What services would be most helpful to your agency? _____

Agency address: _____

Program name(s): _____

Who is the Director of your agency? (*Pastor, Minister, Rabbi, Imam, Executive Director, etc.*) _____

Brief description of program(s) and target population: _____

Does your agency have its own 501(c)3 IRS determination? Yes _____ No _____ Unsure _____

How long has your agency been in operation? _____ your program? _____

How long have you been with the agency? _____

Main contact phone: _____ email: _____

Section II: Basic Eligibility Criteria

1. Is your agency a Black Church Capacity Building Program in Boston, Cambridge, Somerville, Lynn or Chelsea? Yes _____ No _____
2. Does your agency have existing have an existing relationship with United Way of Massachusetts Bay's Faith and Action Initiative? Yes _____ No _____
3. If no to both #1 & 2, does your agency/program operate within Boston? _____ Yes _____ No
4. Is your agency a(n): FBO _____ CBO _____ Other (describe) _____
5. Does your agency/program provide direct service to youth? _____ Yes _____ No
6. Does your agency/program provide direct service to high risk youth? _____ Yes _____ No
High risk: between the ages of 12 and 21, and are court involved, truant, gang-involved, a chronic substance abuser, homeless, pregnant or a parent.
7. Does your agency have paid staff or plans to hire, at minimum, a 25% paid staff person? Yes _____ No _____

Section III: Services/Assistance Desired

How would you describe your agency's:

(a) Greatest strengths:

(b) Its most pressing challenges or needs in terms of services:

Should our Project Manager follow up with you or another person from your agency? If another person is to be contacted for follow up please provide their information: _____

Thank you for taking the time to fill out this form. Someone will be in contact with you to determine your eligibility and provide you with more information. Please remember to fill out the necessary contact information for follow-up. Please email or fax this form to:

Deandra Robinson
Email: drobinson@bmaboston.org
Fax: (617) 445-3557

For more information, please visit www.bmaboston.org. Click on *Programs* and then click on *Boston Capacity Tank*.