

Organization Information

In an effort to obtain funding for multiple R3 Member Organizations, please provide your information below.

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Email : _____ Email: _____

1. What service does your organization provide? (select all that apply)

- Employment
- Recovery
- Housing
- Addiction Treatment
- Prison Re-Entry
- Counseling
- Other : _____

Comments:

2. How many full time employees do you have working for your organization? _____

3. How many part time employees do you have? _____

4. How many volunteers do you have? _____

5. How many people do you serve annually? _____

6. What is you estimated annual budget? _____

7. Have you built any relationships from the Networking Meetings or from R3 Collaborative?

- Yes
- No

8. How often is your organization represented at the monthly meetings?

- Monthly
- Quarterly
- Twice a year
- Annually
- Do not attend

9. If you could change anything about the R3 Collaborative Meetings what would it be?

10. What is your organizations greatest need?

11. In what ways can R3 Collaborative help serve your organization better?