

Annual Agency Profile



For Year: _____

Part One – Information

Name: _____
Operating Name

_____ *Legal Name (if different than Operating Name)*

Address: _____
Street Address City Province Postal Code

Mailing Address: Same as street address
_____ *PO Box or RR Number City Province Postal Code*

Phone Number: _____ **Fax Number:** _____

Contact Person: _____
Name Position Email

Organization's Fiscal Year: _____
mm/yy to mm/yy

Date of expected AGM: _____ *(dd/mm/yy)*

Agency Email Address: _____

List Operational Locations:

Facility Type(s)	Type of Service*	Street Address/Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***For Emergency Homeless Shelters please provide the following:**

Hours of Operation:			
Type	Number (#)	Type	Number (#)
Emergency Beds		Cold Weather Beds	
Emergency Mats		Other:	
Day Mats		Other:	
Transitional Beds		Other:	

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Part One – Information (continued)

Current Board Membership: *(Complete below or attach a separate listing with positions and names)*

Position: For each board member, indicate their current position on the board using the following code:
P = President/Chair, **VP** = Vice President/Chair **T** = Treasurer, **S** = Secretary, **M** = Member, **E** = Ex-officio,
PP = Past President/Chair

Position	First Name	Last Name	Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

President/Chair (only): _____ Email: _____ Phone: _____

Frequency of Board Meetings: _____

Key Management Positions

Position	First Name	Last Name	Phone / Email Address
Executive Director	_____	_____	_____
Finance Officer	_____	_____	_____
Program Manager	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is the organization unionized? Yes No

If yes, name of union(s) _____

Is the organization non-profit? Yes No

Is the organization a branch/affiliate of a larger organization? Yes No

If yes, what is the name of the larger name of the organization?

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Part Two – Mandate & Strategic Plans

What is the Agency's mandate?

Does the Agency have a strategic plan? (If so, please attach)

Yes : 3 year 5 year 10 year Other _____

No

What are the Agency's goals for the current fiscal year?

Part Three – Operations

Please Identify Other Provincial Funding Sources for Current Fiscal Year (attach full list if required):

Name of Dept. & Contact: _____

Funding Amount: _____

Funding Start & End Dates: _____

Funds Designated For: Core Program Project Other - _____

Funds are primarily used to: _____

Name of Dept. & Contact: _____

Funding Amount: _____

Funding Start & End Dates: _____

Funds Designated For: Core Program Project Other - _____

Funds are primarily used to: _____

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Part Three – Operations (continued)

Name of Dept. & Contact: _____
Funding Amount: _____
Funding Start & End Dates: _____
Funds Designated For: Core Program Project Other - _____
Funds are primarily used to: _____

Please Identify Fundraising/Donor campaigns and efforts:

Please identify why Provincial Government financial support is necessary to achieve the organization's strategic and operational plans? (Attach any supporting documents)

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Supplementary Information

The following information is to be maintained by the Service Provider and made available upon request by Manitoba Housing.

- a) Constitution and By-Laws
- b) Brief History of Organization
- c) Current Organizational Chart
- d) Policy and Procedures Manuals (program, financial, personnel, conflict of interest, etc.)
- e) Valid Licenses / Permits
- f) Copy(s) of Criminal Record Check Policy
- g) Copy(s) of Collective Bargaining Agreement(s)
- h) Copy of Incorporation Documents
- i) Latest Registered Charity Information Return (Form T3010A)
- j) Any other information as requested by the Department as provided for under section 4(2) of The Child and Family Services Act, section 27(2) of The Child and Family Services Authorities Act, section 10(2) of the Vulnerable Persons Living with a Mental Disability Act, section 14(2) of the Social Services Administration Act.
- k) Program and Operational Statistical Data

Completed By:

Print Name *Position* *Signature* *Date*

Board member
verification By:

Print Name *Position* *Signature* *Date*

Dept. Office Use:

Email Fax Mail _____

Method Received *Date Received* *Received By (Print Name)* *Position*