

**3. SERVICE PROVIDER IDENTIFYING INFORMATION**

To support effective communication between the Service Provider and the Department of Families, the following identifying information shall be submitted:

**3.1 - Annual Filing Requirements:**

The following information shall be provided at the time of engagement of a new Service Provider. Thereafter, the Service Provider is responsible to notify the Agency Accountability and Support Unit immediately, of any changes to the required data to ensure accuracy of below requirements:

**Note:** Items 3.1(g) (ii) and 3.1(h) are required annually upon expiry.

- 3.1(a) Legal name of Service Provider;
- 3.1(b) Operating name(s) of Service Provider (if different from legal name);
- 3.1(c) Mailing address of Service Provider;
- 3.1(d) Telephone number(s);
- 3.1(e) Fax number(s); and Service Provider Email address
- 3.1(f) List operational locations including the name, address and telephone number of all locations;
- 3.1(g) Corporate Status of Service Provider:
  - (i) State whether the Service Provider is incorporated;
  - (ii) If incorporated, provide copy of current Annual Return;
  - (iii) State whether the Service Provider is a for profit or a not-for profit organization;
  - (iv) State whether the Service Provider is a branch or affiliate of a larger organization. If so, provide the name of the organization;
- 3.1(h) Copy of current insurance coverage, including liability insurance;
- 3.1(i) Service Provider's fiscal year-end;
- 3.1(j) Collective Bargaining Agreements;
  - (i) State whether any of the Service Provider’s employees are members of a labour union.

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If so, please provide the following information:

- Name of the union;
- Employee group covered by union contract;
- Number of employees covered by contract; and
- Expiry date of current contract.

3.1(k) Board Related Information;

(i) Provide the following information for each board member:

- Name;
- Position held on board;
- Background and qualifications; and
- Indicate the position held on any board subcommittees
- Signed copy of Conflict of Interest Declaration

(ii) Provide the name, phone number and e-mail address of the board chairperson;

(iii) Indicate the frequency of board meetings held during the fiscal year;

(iv) Indicate the frequency of audit committee meetings held during the fiscal year;

(v) Date of the board’s annual general meeting;

3.1(l) Staff;

Provide the following contact information for each senior staff member:

- Name;
- Title;
- Office phone number; and
- Office email address.

3.1(m) The Service Provider’s Mission and/or Vision Statements;

3.1(n) Programs;

List all programs provided by the organization and the primary funding source(s) related to those programs.

3.1(o) Operational Plan (pertaining to both short and long-term);

The Service Provider’s short and long-term operational plans regarding programs and services should be consistent with the budget which is the financial plan for the year.

Consideration should be given to any expansion or reduction of programs and any planned capital acquisitions.

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3.1(p) Any changes to the constitution and by-laws made during the year.

**3.2 Supplementary Information**

The following information is to be maintained by the Service Provider and made available upon request from the Department:

3.2(a) Constitution and By-Laws;

3.2(b) Brief history of organization;

3.2(c) Current organizational chart;

3.2(d) Policy and procedures manuals (e.g. program, financial, personnel, conflict of interest, etc.);

3.2(e) Valid licenses/permits;

3.2(f) Copy of collective bargaining agreement(s);

3.2(g) Copy of incorporation documents;

3.2(h) Latest Registered Charity Information Return (Form T3010A);

3.2(i) 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.

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