



**SICKLE CELL DISEASE ASSOCIATION OF CANADA  
ASSOCIATION D'ANÉMIE FALCIFORME DU CANADA**

**STAKEHOLDER GROUP  
OR  
MEMBER ORGANIZATION  
APPLICATION**



**I. ORGANIZATION NAME AND LOCATION**

A. ORGANIZATION NAME:

B. Address:

Mailing Address (if different from above):

**II. CONTACT INFORMATION**

A. Phone Number:

Fax:

B. E-Mail Address:

C. Web site Address:

D. Is this a staffed office, open during normal business hours?  
(indicate **Yes** or **No**)

If no, what are the hours of operation, and how are services provided?

E. How is the Organization's office phone answered during business hours? (indicate with an **x**)

Staff                       Volunteers                       Recorded Message

Do you have a recorded message/answering machine for after hours and weekends?  
(indicate **Yes** or **No**)



**III. STAFF**

A. Is there a paid Executive Director? (Yes or No)

B. Is the Executive Director full time? (Yes or No)

If No, how many hours/week does this person work?

C. Executive Director's Name:

Home Address:

Phone Number:

D. If there is no Executive Director, please give the Name, Title, Address and Home Telephone Number of person responsible for directing programs.

Name and Title:

Address:

Phone Number:

E. Does this Organization have salaried staff? (Yes or No)

If yes, how many?

F. Please list the job title of each salaried employee and briefly describe their duties.  
(Use additional sheet if needed)



**G.** If volunteers staff the office, please list their job titles and describe their duties  
(use additional sheet if needed)

[Redacted area for listing volunteer job titles and duties]

**H.** Please answer the following by stating Yes or No only.

Are there written personnel policies that meet provincial laws?

Is there a wage and salary plan to attract and retain competent staff?

Is there a benefit program?

Is there an employee development plan?

Do you perform employee evaluations?

Do you have an employee grievance policy?

Are Board, Staff, and Volunteers roles clearly defined?

[Redacted area for answers to questions H.1-H.7]



#### IV. ACCOUNTABILITY AND REVENUE

A. Date and year the Organization was founded?

B. Is the Organization incorporated as a non-profit charitable organization?  
(Yes or No)

C. Date of incorporation?

(Please answer the following by stating Yes or No only):

D. Does the Organization have a tax exempt status from the Canada Revenue Agency?

E. Is the Organization registered with local and state agencies as a non-profit charitable organization?

F. Does the Organization publish an annual report, which includes a description of programs and a financial report?

G. Does the Organization have a written mission statement?

H. Does the Organization have long range goals, covering the next three to five years?

I. Are accurate and timely financial records maintained?

J. Do you have a board approved annual budget?

K. What is the Organization's source(s) of revenue (Place an x beside all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> United Way Allocation  | <input type="checkbox"/> Special Events       |
| <input type="checkbox"/> Membership or Dues     | <input type="checkbox"/> Public Contributions |
| <input type="checkbox"/> Corporate Donations    | <input type="checkbox"/> Foundation Grants    |
| <input type="checkbox"/> Provincial Government  | <input type="checkbox"/> Federal Government   |
| <input type="checkbox"/> Other (please explain) |   |



## V. INTERNAL ORGANIZATION

A. How many members serve on the Board of Directors?

(**Yes** or **No** only )

Are Board Members paid or compensated in any way?

Are Board Officers Paid?

Are there term limits for Board Members?

B. How often does the Board meet?

Are Board Members given a written statement of their duties and responsibilities?

Has an individual and collective Board evaluation process been established and implemented?

D. On a separate sheet, please provide the (1) Names; (2) Correct Titles; (3) Addresses; (4) Phone Numbers; and (5) Term Limits of the following

- Board Chairman/President
- Vice Chairman/President
- Secretary
- Treasurer

E. Is the work of the Organization conducted by Committees?

F. Are the Committee's responsibilities in writing and furnished to Committee Members?

How many Committees are there? (Please list and briefly describe their duties. Use additional sheet if necessary)



## VI. PROGRAMS AND SERVICES

A. State the primary purpose and objectives of this Organization.

B. Where does the Organization provide services? (name the cities and/or counties)

C. Briefly describe the Organization's Sickle Cell Disease educational program

Are there written objectives for the education program?  
(**Yes** or **No**. If yes, please provide on a separate sheet)

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**Name and Title of Individual Completing Application:**

**Daytime Telephone Number:**

**Date Application Submitted:**

Organization Name: