



Communities Empowering Youth Demonstration Project



Organizational Summary

Contact Information

CEY Partner Organization	
Name:	Contact Person: Phone #:
Address:	Office Phone #:
	Fax:
	Email:

Organizational Capacity

QUESTIONS	YOUR ANSWERS
Are you a registered 501c3 with the IRS?	
How many youth do you currently serve?	
What does your organization do? (For example, start with "We provide")	
What is your annual operating budget?	
How many paid staff?	Full time:
	Part time:
How many youth staff or youth volunteers?	Youth staff:
	Youth volunteer:

OFFICE USE – DATE RECEIVED _____ BY _____ NOTES:

Organizational Collaboration

QUESTIONS	YOUR ANSWERS
<p>What other coalitions, organizations or collaborating groups do you work with? <i>(Include CBN and the CBN organizations you work with.)</i> <i>(Other Example: Greater Virginia Peninsula Continuum of Care Youth Development Task.)</i></p>	