EAGLE ACCREDITATION

Application for EAGLE Accreditation

Upon receiving the completed application form, the organization will be invoiced for the $1,000 non-refundable application fee, which can be paid by check or credit card.

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____ Facebook _____

Executive Leader: _____ Phone: _____

Title: _____ Email: _____

Chair of Governing Body: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Coordinator for Accreditation Process: _____ Phone: _____

Title: _____ Email: _____

Primary services provided, select all that apply:

- ☐ Services to Children, Youth & Family
- ☐ Services to Persons with Disabilities
- ☐ Services to Older Adults
- ☐ Community Based Services

How did you hear about EAGLE Accreditation?

- ☐ Referral or recommendation from an accredited organization
- ☐ EAGLE or UMA Website
- ☐ EAGLE Newsletter
- ☐ Other _____

EAGLE ACCREDITATION

Locations

Note: If multiple organizations and/or programs exist at locations in addition to the main corporate headquarters, they are also to be reviewed. Copy this page as needed to list all locations.

Location Name: _____

Address: _____

City: _____ State_____ Zip _____

Phone: _____ Contact Person: _____

Miles from Main Location: _____ Number of clients served at this location: _____

Location Name: _____

Address: _____

City: _____ State_____ Zip _____

Phone: _____ Contact Person: _____

Miles from Main Location: _____ Number of clients served at this location: _____

Location Name: _____

Address: _____

City: _____ State_____ Zip _____

Phone: _____ Contact Person: _____

Miles from Main Location: _____ Number of clients served at this location: _____

Location Name: _____

Address: _____

City: _____ State_____ Zip _____

Phone: _____ Contact Person: _____

Miles from Main Location: _____ Number of clients served at this location: _____

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Accreditation History

Does this organization maintain any other accreditations: Yes ◯ No ◯

If yes, please list the names of the other accreditations and timeframe of current accreditation period:

Has the organization's certification/accreditation status ever been suspended or revoked? Yes ◉ No ◯ N/A ◯

If yes, when and for what reason:

Have any of the organization's certifications/accreditations expired within the past year? Yes ◯ No ◯ N/A ◯

If yes, which and for what reason:

What month/year would you like to have your EAGLE Site Visit? _____

Statistics

Total number of clients served annually in all programs: _____

Organization's total expenses (Most recent budget): _____

Organization's total income (Most recent budget): _____

Number of full-time employees: _____ Number of part-time employees: _____ Number of volunteers: _____

EAGLE ACCREDITATION

Faith Connections

Please list the formal denominational/connectional unit(s) or the local faith communities that are actively involved with the organization.

Name:_____

Address: _____

City: _____State_____ Zip _____

Phone: _____ Contact Person: _____

Name: _____

Address: _____

City: _____State_____ Zip _____

Phone: _____ Contact Person: _____

Name: _____

Address: _____

City: _____State_____ Zip _____

Phone: _____ Contact Person: _____

We believe the foregoing to be a full and complete listing of the identifying information, connectional relationships and programs and services offered by this organization. By our signatures below, we affirm that the duly elected members of the governing board have taken official action to appropriately authorize this organization's participation in the EAGLE Accreditation Program.

_____ _____

Name & Signature, Chief Executive Officer Date

_____ _____

Name & Signature, Governance Board Chairperson Date