



# Adopt-An-Agency Application

Applicant/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Director's Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Contact Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Grant Contact Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Sponsoring Sertoma Club (if applicable): \_\_\_\_\_

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## ORGANIZATION DETAILS

**My organization is:**  Tax-exempt under IRS code 501(c)3  School District

Other (please explain): \_\_\_\_\_

**What is your mission and/or goals as related to speech and hearing?**



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Please give a brief history of the organization.

Number of speech/hearing clients served annually through Affiliate's programs: \_\_\_\_\_

Number of licensed staff members: (if applicable include verification of credentials)

\_\_\_\_\_ Speech-Language Pathologists/Therapist

\_\_\_\_\_ Audiologists

\_\_\_\_\_ Otologist/ENT

\_\_\_\_\_ Certified ASL Teachers

Accreditation of Affiliate Applicant (if applicable)

\_\_\_\_\_ ASHA

\_\_\_\_\_ AAA

\_\_\_\_\_ Other (please explain): \_\_\_\_\_

Affiliate links and associations with other organizations: \_\_\_\_\_

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Staff links and associations with other organizations: \_\_\_\_\_

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List the current services, education, or research that the Affiliate Applicant offers to those with communicative disorders (or attach a document).

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### Finances

Projected Revenues for current fiscal year	\$ _____
Revenues for previous fiscal year	\$ _____
Projected expenses for current fiscal year	\$ _____
Expenses for previous fiscal year	\$ _____

*(Schools - please provide information as possible.)*

### Required Attachments

- Pamphlet or brochure about the organization’s speech and hearing services
- Board Member Roster
- Organizational Chart
- Verification of IRS Tax-Exempt Status (Documentation is not required for a school.)
- Licensed/Certified staff member’s credentials (as noted on page 2)

**Please return completed application and the \$200 application fee to:**

Sertoma  
 720 Main St., Floor 1  
 Kansas City, MO 64105  
 Phone: 816-333-8300  
 FAX: 816-333-4320  
 infosertoma@sertoma.org



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## ADOPT-AN-AGENCY AGREEMENT

THIS AGREEMENT is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between SERTOMA, 720 Main St., Floor 1., Kansas City, Missouri 64105, hereinafter designated "Sertoma" and \_\_\_\_\_, hereinafter designated "Affiliate" under the guidelines for eligibility.

Sertoma has embarked upon a program calculated to develop and expand the nature and extent of services available to persons affected by one or more of the various communication disorders. As a part of its program, Sertoma seeks to accomplish its purpose by creating meaningful associations with existing facilities, such as the Affiliate, which provides high quality services in one or more of these service fields.

The Affiliate is familiar with the purposes and goals of Sertoma's program and feels that by affiliation with Sertoma, pursuant to the terms of this Agreement, its ability to effectively serve more people and provide a broader range of services will be enhanced.

### IT IS AGREED:

1. The Affiliate is incorporated as a nonprofit organization under the Internal Revenue Service Code or equivalent tax status \_\_\_\_\_.
2. Sertoma will issue a Certificate of Affiliation signifying that the Affiliate is currently associated with Sertoma. This Certificate shall be considered in force so long as the annual fee is paid and the original mission and purposes for which the Affiliate joined the Adopt-An-Agency program remain unchanged. Sertoma reserves the right to recertify Affiliates periodically.
3. Sertoma agrees to provide affiliation benefits.
4. Except as herein specifically states, neither Sertoma nor the Affiliate accepts any financial commitment to the other by virtue of this Agreement.
5. This Agreement shall remain in effect until terminated by either party upon thirty (30) days written notice.

### Sertoma Affiliate (Organization)

By: \_\_\_\_\_ Signature \_\_\_\_\_ Title

### Sertoma, Inc.

By: \_\_\_\_\_ Signature \_\_\_\_\_ Sertoma Executive Director