<u>CLUES LOCAL ORGANIZATIONS AND AGENCIES SURVEY</u> Please fill in as many areas as apply to your agency/program. Thank you. Copy this form and fill in a separate one for each program your agency offers. Visit our database at web2.clueslibs.org or www.clueslibs.org

Information!

Send this completed form to:

CONTACT INFO	<u>ORMATION</u>		
Agency Name:			
Program Name (if	different from Agency):		
Contact Person:			
Main Address (incl	lude PO Box numbers, S	uite numbers, etc.):	
Phone:	TDD/TTY:	Voice Mail:	
Fax:	E-mail:		
Alternate Agency A			
	LABILITY INFORMAT		
Days and Hours of		<u>Times</u>	
	Monday Tuesday	to	
	Wednesday	to	
	Thursday	to	
	Friday	to	
	Saturday	to	
	Sunday	to	
For seasonal progr	ams, starting/ending date	es:	
Fees, if any:			
Number of slots av	ailable:		

Eligibility/Admission Criteria: Waiting Period: Target Population: Geographic Area Served:	Description of Program:
Eligibility/Admission Criteria: Waiting Period: Target Population: Geographic Area Served: Language(-s):	
Eligibility/Admission Criteria: Waiting Period: Target Population: Geographic Area Served: Language(-s):	
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Waiting Period: Target Population: Geographic Area Served: Language(-s):	Other Support/Referral Services:
Waiting Period: Target Population: Geographic Area Served: Language(-s):	
Waiting Period: Target Population: Geographic Area Served: Language(-s):	
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Target Population: Geographic Area Served: Language(-s):	
Geographic Area Served:Language(-s):	Waiting Period:
Language(-s):	Target Population:
	Geographic Area Served:
Transportation/Directions:	Language(-s):
	Transportation/Directions:
Disabled Access:	Disabled Access:
On-site Child Care:	On-site Child Care:
	ADDITIONAL AGENCY DESCRIPTION
	Personnel:

Funding Source(-s):	
FOR PERFORMERS OR P	
Performer/Presentation Desc	eription:
Biographical/Historical Info	mation:
MEETING FACILITIES	
MEETING FACILITIES	o other groups? Fee:
MEETING FACILITIES Do you offer meeting space to	
MEETING FACILITIES Do you offer meeting space to Eligibility to use:	o other groups? Fee:
MEETING FACILITIES Do you offer meeting space t Eligibility to use: Kitchen available?:	o other groups? Fee:
MEETING FACILITIES Do you offer meeting space to Eligibility to use: Kitchen available?: Contact Person: OTHER INFORMATION: Please include here any other is	o other groups? Fee: Equipment on-site:
MEETING FACILITIES Do you offer meeting space to Eligibility to use: Kitchen available?: Contact Person: OTHER INFORMATION: Please include here any other is	Equipment on-site: Phone: Information about your services that could not be included in the
MEETING FACILITIES Do you offer meeting space to Eligibility to use: Kitchen available?: Contact Person: OTHER INFORMATION: Please include here any other is	Equipment on-site: Phone: Information about your services that could not be included in the
MEETING FACILITIES Do you offer meeting space to Eligibility to use: Kitchen available?: Contact Person: OTHER INFORMATION: Please include here any other is	Equipment on-site: Phone: Information about your services that could not be included in the
MEETING FACILITIES Do you offer meeting space to Eligibility to use: Kitchen available?: Contact Person: OTHER INFORMATION: Please include here any other in above areas. Feel free to include	Equipment on-site: Phone: Information about your services that could not be included in the