2021 Affiliate Report Worksheet

**Please use this worksheet to submit your responses by Tuesday, February 15, 2022.  
Submit responses at:** <https://disabilityin.org/who-we-are/affiliates/affiliate-portal/2021-affiliate-report/>

# **Section 1: General Information**

1. Affiliate name:
2. Website address:
3. Affiliate mailing address:
4. Name and title of person completing this report:
5. Email address of person completing this report:
6. Are you the primary administrator of the Affiliate?
   1. Yes
   2. No
7. Are you paid or volunteer?
   1. Paid
   2. Volunteer

# **Section 2: Affiliate Representative #1 Contact Information**

Please identify two Affiliate representatives and fill out their information below.

1. Representative #1 First and Last Name:
2. Representative #1 Relation to Affiliate:
3. Representative #1 Email Address:
4. Representative #1 Phone Number:
5. Representative #1 Mailing/Office Address:

# **Section 3: Affiliate Representative #2 Contact Information**

Please enter the information for the second Affiliate representative below.

1. Representative #2 First and Last Name:
2. Representative #2 Relation to Affiliate:
3. Representative #2 Email Address:
4. Representative #2 Phone Number:
5. Representative #2 Mailing/Office Address:

**Section 4: Affiliate Governance**

1. In 2021, were there any changes to your Affiliate's by-laws?
   1. If yes, please submit a new copy of your Affiliate's by-laws if they have changed.
2. How is your Affiliate Governed? 501 C 3 Non-Profit Corporation or Fiscal Sponsorship Arrangement
   1. If your Affiliate is a 501 C 3 Non-Profit Corporation, please copy-paste your current list of board of directors.

# **Section 4 (Continued): Affiliate Governance: Fiscal Sponsorship**

If your Affiliate is governed by a fiscal sponsorship, please answer the subsequent questions below:

FS.1. Is there a written and signed agreement (MOU) with the Fiscal Sponsor?

* 1. Yes
  2. No

FS.2. Please submit the copy of agreement if this has recently been developed or has changed in 2021.

FS.3. If your Affiliate operates under a FISCAL SPONSORSHIP arrangement, your Affiliate should have a Steering Committee that is independent of the Fiscal Sponsor’s Board. Please attach your Steering Committee list.

# **Section 5: Planning & Financials**

1. Does your Affiliate create an annual/strategic plan?
   1. Please submit your Affiliate annual/strategic plan for 2021.
2. What is the total amount of revenue your Affiliate earned in 2021?
3. What are the revenue sources for your Affiliate? Check all that apply.
   1. Grants
   2. Fee for Services
   3. Membership Dues
   4. Foundation Grants or Awards
   5. Sponsorships
   6. Fundraising Events

R.1. If one of your Affiliate revenue sources includes 'grants and/or foundations', please list the foundations and/or grant funding agencies.

R.2. If one of your Affiliate revenue sources includes 'fees from services', please list those services.

1. Did your Affiliate file any type of tax return, including a 990 or 990 EZ?
   1. Yes
   2. No
2. Does your Affiliate formally have “members"?
   1. Yes, with no required dues
   2. Yes, with required dues
   3. No

M.1. Please provide an estimate on the number of Affiliate members

M.2. For membership, please select the groups that are eligible:

Businesses

Service Providers

Community Organizations

Educational Organizations

Government Agencies

M.3. Is there a fee structure for memberships?

Yes

No

M.4. Submit documentation on the Affiliate fee structure

**Section 6: Programming**

1. Did your programming change in 2021 considering the COVID-19 pandemic?

If yes, how did programming change due to COVID-19 pandemic?

1. Complete by describing all programs and services your Affiliate provided in 2021 throughout the year.

*Note: You can add additional comments in question #27.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | NO | YES, In-Person | YES, Virtual |
| Conferences |  |  |  |
| Training for Businesses |  |  |  |
| Award Recognition Event(s) |  |  |  |
| Board of Directors / Steering Committee Meetings |  |  |  |
| Supplier Diversity Programming |  |  |  |
| Youth Programs |  |  |  |
| Mentorship Programs |  |  |  |
| Internship Programs |  |  |  |
| Special Outreach to Veterans / Service-Disabled Veterans |  |  |  |

1. Do you currently have any Supplier Diversity professionals engaged in your Affiliate?
   1. Yes
   2. No
2. Does your Affiliate have a DOBE (Disability:IN Disability Owned Business Enterprise) as a part of your leadership team?

If yes, please enter DOBE business name:

1. Does your Affiliate promote Disability:IN’s Supplier Diversity Program or DOBE certification by providing information to members?
   1. Yes
   2. No
2. Do you have a mechanism for connecting businesses to talent?

If Affiliate does connect business to talent - please outline how.

1. Do you have a way to track hires as a result of your Affiliate's involvement?

If yes, how many jobs were secured in 2021? (Please provide estimate if exact number is unknown)

1. Which of the following do you use for marketing and communications? Check all that apply.
   1. Email
   2. Website
   3. Facebook
   4. LinkedIn
   5. Twitter
   6. Instagram
   7. E-Newsletters (or Email Marketing Campaigns)
   8. Newspaper
   9. Physical / Mail Flyers or Notices
   10. Chamber or other Organizational Newsletters
2. Please list your Affiliate alliances and strategic partnerships and describe how they contribute to the mission of your Affiliate. (ex: Chambers of Commerce, Workforce Development Coalitions, Universities, Vocational Rehabilitation, etc.)
3. Do you have suggestions for how Disability:IN Affiliate Relations staff can better support your organization?
4. Please provide a training topic that would be of value for next year’s monthly Affiliate ZOOM Training Calls.