



Children's Advocacy
Centers of Georgia

Application for New Associate Membership

Please answer all questions below and submit form signed by appropriate individual.

Application Date: _____

Name: _____

Organizational entity/fiscal agent (if different): _____

County/ Counties served: _____

Judicial Circuit: _____

Name and Title of Contact Person: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____ Web Address: _____

In submitting the enclosed information, we believe we have met all of the standards for CACGA Associate Membership.

We are a private, non-profit or government-based agency.

We have a written, local interagency agreement signed by, at a minimum, representatives of law enforcement, prosecution, and DFCS.

We have a one-two year development plan for achievement of CACGA's 10 membership standards. The plan must also include having designated accessible staff assigned solely to the operation of the program for a minimum of 20 hours per week for six months.

We have a 12 month time line which includes providing at least six months of onsite interviews and multidisciplinary meetings prior to applying for full membership.

We have an annual budget which includes funds to send a representative to all Children's Advocacy Centers of Georgia quarterly meetings and visit at least two Children's Advocacy Centers of Georgia Full Member Centers. The budget must show diversified funding and projection of future revenue sources.

We agree to send at least one member of our Board of Directors will attend a CACGA Quarterly Member Center Meeting.

We have identified at least two possible locations for safe, designated, child-friendly facility where investigative interviews and evaluations could be conducted and ancillary services provided. There must be a minimum of six months occupancy prior to applying for full membership.

We agree to submit six-month progress reports.

We will be an active partner in the CACGA Mentoring Program and CACGA quarterly Member Center meetings, committees and CAC Legislative Day.\

Center CEO
or
Center Director

Board President
or
Agency CEO

SECTION A: QUESTIONS

Please provide concise but complete answers to the following questions based on the standards for Associate Membership with CACGA. Your answers to all five of the following questions should be contained to no more than 4 typed pages in a font size of at least 10.

1. Describe your governance structure. Are you a private non-profit or government-based agency?
2. When was the interagency agreement incorporated or the child abuse protocol signed?
3. Detail your annual budget which includes funds to send a representative to all CACGA quarterly meetings, visits at least two Full CACGA Member Centers, participate in the CACGA Mentoring Program, and purchase a CACGA approved Case Tracking System. The budget must demonstrate diversified funding and projection of future revenue sources.
4. Describe two potential locations for safe, designated, child-friendly facility where investigative interviews and evaluations could be conducted and ancillary services provided.
5. Detail your one year development plan and timeline which includes how you plan to achieve CACGA 10 membership standards as well as having designated, accessible staff assigned solely to the operation of the program for a minimum of 20 hours per week within six months.

SECTION B: DOCUMENTATION

Please provide the following documentation along with your completed application.

- ___ Attachment 1: Articles of Incorporation, if relevant
- ___ Attachment 2: By Laws, if relevant
- ___ Attachment 3: 501(c)3 letter from IRS
- ___ Attachment 4: Georgia Secretary of State Letter of Incorporation
- ___ Attachment 5: Georgia Secretary of State Charity Registration
- ___ Attachment 6: List of Board of Directors, with affiliations, if relevant
- ___ Attachment 7: Copy of interagency agreements or signed local child abuse protocol with tab and highlights mentioning the CAC (Do not include both.)
- ___ Attachment 8: Copy of Development Plan
- ___ Attachment 9: Copy of Annual Budget
- ___ Attachment 10: Mentorship Documentation, if relevant
- ___ Attachment 11: The original and two copies of the Application (pages 1 – 2)

_____ Attachment 12: Three copies of your response to questions in Section A

SECTION C: FEES

Please attach your application fee of \$50.00 and one year's membership dues of \$50.00. The check should be payable to Children's Advocacy Centers of Georgia, Inc. If your membership is not accepted, your membership dues of \$50.00 will be returned.

APPENDIX A- DEVELOPMENT PLAN

The Center's Development Plan, at a minimum, should contain the following;

<u>Program Component</u>	<u>Month/Year Expected to be Accomplished</u>
1. Staff Hiring Executive Director _____ _____ _____	_____ _____ _____
2. Interagency Agreements and Protocols	_____
3. Interviews conducted on-site (should not occur until after interagency agreements and protocols are completed and signed)	_____
4. Coordinated investigations being conducted routinely	_____
5. Conducting monthly MDT case reviews	_____
6. Mental health component established	_____
7. Medical component established	_____
8. Secure and inhabit a child-friendly and neutral facility	_____
9. Obtain directors and officers liability insurance	_____
10. Obtain commercial general liability insurance for facility	_____
11. Establish and adopt policy for records retention and security	_____