



Children's Advocacy  
Centers of Georgia

**Application for New Developing 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: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

In submitting the enclosed information, we have met all of the standards for CACGA Developing Membership. We will be exploring the development of a Children's Advocacy Center.

We have a local interagency agreement to explore the feasibility of establishing a CAC signed by law enforcement, prosecution, and DFCS.

We have a one-year development plan and an approved CACGA fiduciary agent. We will be an active partner in the CACGA Mentoring Program and CACGA quarterly Director's meetings, Committees work, and CAC Day.

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Contact or Program Director

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Board President or Fiduciary Agent

## **SECTION A: QUESTIONS**

Please provide concise but complete answers to the following questions based on the standards for Developing membership with CACGA. Your answers to all four of the following questions should be contained to no more than 3 typed pages in a font size of at least 10.

1. Describe your governance structure or fiduciary agent. Are you a private non-profit or government based agency?
2. When were the local interagency agreements to explore the feasibility of establishing a Children's Advocacy Center signed?
3. Detail your one year development plan and timeline.
4. Detail your annual budget which includes funds to send to a representative to all CACGA quarterly meetings, visits at least two Full CACGA Member Centers, and participation in the CACGA Mentoring Program.

## **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, if relevant
- \_\_\_\_\_ Attachment 4: Georgia Secretary of State letter of incorporation, if relevant
- \_\_\_\_\_ Attachment 5: List of Board of Directors, with affiliations, if relevant
- \_\_\_\_\_ Attachment 6: Copy of interagency agreements
- \_\_\_\_\_ Attachment 7: The original and two copies of the Application's cover page
- \_\_\_\_\_ Attachment 8: 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.