

Application for Accreditation

Organization Identifying Information

Organization's Legal Name: _____

d/b/a (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Ext: _____ Fax: (_____) _____

Website: _____

Chief Executive Officer: _____

Phone: (_____) _____ Ext: _____ Email: _____

Accreditation Contact Person

Name: _____ Title: _____

Mailing Address (if different than above): _____

Phone: (_____) _____ Ext: _____ Fax: (_____) _____

Email: _____

Organization Structure and Legal Status

1. Which of the following describes your organization's legal status?

- Not for Profit 501(c)(3)
- Not for Profit (State)
- For Profit
- Division, affiliate, subsidiary or subdivision of another legal entity or parent company

2. If your organization is a division, subdivision or subsidiary of another organization:

Name of Organization: _____

Organization Website: _____

3. How many years has your organization been providing financial education and/or counseling services?

4. Does your organization have its own governing body?

Yes

No

5. Is your organization's governing body vested with policy-making and financial oversight responsibilities?

Yes

No

If not, please identify the organization or entity with responsibility for policy-making and financial oversight.

6. Please identify the number of physical locations and branches at which your organization provides financial education or financial counseling services by state. Use additional sheet if needed.

7. Please identify states in which your organization does not have a physical location but provides financial education or financial counseling services by mail, telephone or internet. Use additional sheet if needed.

8. Is your organization in compliance with all applicable federal, state and local laws and regulations?

Yes

No

If no, please attach an explanation.

9. Is your organization's nonprofit status currently under investigation by any governmental or regulatory authority?

Yes

No

If yes, please attach an explanation.

Description of Organization

10. Which of the following services does your organization provide?

Financial Education:

Yes

No

If yes, please attach a description of your Financial Education services and activities.

Financial Counseling:

Yes

No

If yes, please attach a description of your Financial Counseling services and activities.

Housing Counseling:

Yes

No

If yes, please attach a description of your Housing Counseling services and activities.

Debt Management:

Yes

No

If yes, please attach a description of your Debt Management services and activities.

Debt Settlement:

Yes

No

If yes, please attach a description of your Debt Settlement services and activities.

11. Number of full-time employees: _____

12. Number of part-time employees: _____

13. Number of independent contractors: _____

14. Number of volunteers: _____

15. Number of persons served in the most recent year: _____

16. Percentage of persons served in each of the following age categories:

Ages 1-5: _____ Ages 6-14: _____

Ages 15-18: _____ Ages 19-25: _____

Ages 26-64: _____ Ages 65+: _____

17. Is your organization currently accredited by one or more organizations?

Yes

No

If yes, please provide the following information. Use additional sheet if needed.

Accrediting body/bodies: _____

Service(s) accredited: _____

Date(s) of expiration: _____

18. What was the total gross revenue of your organization for the most recent fiscal year?

19. What was the total gross revenue of your organization for the services listed in Question 10 for the most recent fiscal year?

Required Attachments

- \$500 Application Fee (non-refundable)
- Copy of Certificate of Incorporation
- Copy of 501(c)(3) (if applicable)
- Most recent audited financial statement
- Current letters or certificates of accreditation from other accrediting bodies

Authorization

I have reviewed this application and believe that all information contain within is accurate:

Chief Executive of the Organization's Signature

Date

Print or Type Name:

Title:

Please mail completed application with required attachments to:

Council on Financial Education Accreditation
260 Western Ave., Suite 1
South Portland, ME 04106