

| | | |
|---------------------|----------------------|------------|
| APP RCVD _____ | PYMT RCVD _____ | CK # _____ |
| PROV APP RCVD _____ | PROV PYMT RCVD _____ | CK # _____ |
| AFF FEE _____ | AFF APP OKD _____ | ID # _____ |

↑ CARE NET OFFICE USE ONLY ABOVE THIS LINE ↑



AFFILIATION APPLICATION
(Revised January 2016)

Date of Application: _____

CENTER INFORMATION

IMPORTANT: If the organization operates more than one center location, photocopy pages one and two and complete separately for each location.

| | | |
|-----------------------|--------------------------------------|---------------------------------------|
| Center Status | Open Date Opened: _____ | Not Open Proposed Open Date: _____ |
| Center Type | Main Connected locations #: _____ | Branch/Satellite |
| Center Contact | Operating Name / DBA: _____ | |
| | Mailing Address (PO Box): _____ | Physical Address: _____ |
| | City _____ | State Zip _____ _____ |
| | Phone # _____ | Corporate Email _____ |
| | Corporate Website _____ | Client Website _____ |

CENTER INFORMATION

| | | | | | |
|----------------------------|---|------|--|--------|------------|
| Director | Name: _____ | | | | |
| Director Employment | Volunteer | Paid | If paid, Hours worked / Week: _____ | Exempt | Non-exempt |
| | Date Hired: _____ | | | | |
| All Paid Staff | Are all paid staff compensated according applicable federal, state, and local labor laws? | | | Yes | No |

ORGANIZATIONAL INFORMATION

| | | | | | |
|---------------------|---|----|--|------------------------|--------|
| Legal Name | As Incorporated: _____ | | | | |
| Legal Status | Is this organization a legally recognized nonprofit entity? | | | | |
| | Yes | | No | | |
| | Date of Incorporation: _____ | | Operating as a ministry of a legally recognized nonprofit, such as a church? | | |
| | | | Yes | No | |
| Tax Status | Has the organization received 501(c)(3) tax exempt status with the IRS? | | | | |
| | Yes | No | Pending | | |
| | Date applied to IRS: _____ | | | | |
| Financial | Approximate annual income of the organization? \$ _____ | | | | |
| Tax Status | How is the organization insured? | | | | |
| | General Liability | No | Yes | Professional Liability | No Yes |
| | Provider _____ | | Provider _____ | | |

CENTER SERVICES

| | | | | | |
|----------------------------------|---|-----|-------------------------------|--|--|
| Service Hours | Hours / week center is open to see clients: # _____ | | | | |
| General Services | Pregnancy Tests | | Incentive program | | |
| | Lay or Peer Counseling | | Other Services: _____ | | |
| Medical Services | On-site Ultrasounds | | STI/STD Services: _____ | | |
| | Other Medical Services: _____ | | | | |
| | Does the center offer medical services under the direction of a licensed physician who is in good standing within your state? | | | | |
| | No | Yes | | | |
| | Are all medical services, including ultrasound services, <i>only</i> provided by trained medical professionals? | | | | |
| | No | Yes | | | |
| | Does the center carry medical malpractice insurance? | | | | |
| | No | Yes | | | |
| Pregnancy Test Procedures | Self-administered by clients | | Administered by medical staff | | |
| | Other (please explain): _____ | | | | |
| | Does the center have a Clinical Laboratory Improvement Act (CLIA) waiver? | | | | |
| | No | Yes | | | |

BOARD INFORMATION

Provide the following information for each board member (use separate sheet if needed).

| | | |
|---------------------|---|---|
| Board Chair | Name: _____ On board since (year): _____ Phone: _____ | Occupation: _____ Church Denomination: _____ Email: _____ |
| Vice Chair | Name: _____ On board since (year): _____ Phone: _____ | Occupation: _____ Church Denomination: _____ Email: _____ |
| Secretary | Name: _____ On board since (year): _____ Phone: _____ | Occupation: _____ Church Denomination: _____ Email: _____ |
| Treasurer | Name: _____ On board since (year): _____ Phone: _____ | Occupation: _____ Church Denomination: _____ Email: _____ |
| Board Member | Name: _____ On board since (year): _____ Phone: _____ | Occupation: _____ Church Denomination: _____ Email: _____ |
| Board Member | Name: _____ On board since (year): _____ Phone: _____ | Occupation: _____ Church Denomination: _____ Email: _____ |
| Board Member | Name: _____ On board since (year): _____ Phone: _____ | Occupation: _____ Church Denomination: _____ Email: _____ |
| Board Member | Name: _____ On board since (year): _____ Phone: _____ | Occupation: _____ Church Denomination: _____ Email: _____ |
| Board Member | Name: _____ On board since (year): _____ Phone: _____ | Occupation: _____ Church Denomination: _____ Email: _____ |

OTHER AFFILIATIONS

| Organization | Current | Former |
|---|------------------|-----------------|
| Heartbeat International | as of date _____ | date left _____ |
| National Institute of Family & Life Advocates (NIFLA) | as of date _____ | date left _____ |
| Evangelical Council for Financial Accountability (ECFA) | as of date _____ | date left _____ |
| Other: _____ | as of date _____ | date left _____ |

FOR DEVELOPING CENTERS ONLY

For centers that have not yet opened to clients, or have been opened for less than 12 months, please include a copy of the following with the application:

| Included | Item | Details |
|----------|----------------------------|---|
| 1. | Articles of Incorporation | |
| 2. | Bylaws | |
| 3. | Mission Statement | |
| 4. | Professional Services Used | Brief description of professional services you used to develop parts #1 - #3 above (i.e. attorney, accountant, etc.) |
| 5. | Current Budget | As approved by the Board of Directors |
| 6. | Director's Job Description | |
| 7. | Director's Resume | |
| 8. | Organizational Chart | |
| 9. | Facility Diagram | This can be hand drawn; please include room layout and door placement and approximate square footage. |
| 10. | Training Overview | Include specific details about the training the director, staff, and volunteers have received in regards to operations and peer counseling services. Please include dates, curriculum, trainer name, and other details of training. |

SEND COMPLETED APPLICATION AND SIGNED AGREEMENT TO:

Care Net
 Center Services - Affiliation
 44180 Riverside Parkway, Suite 200
 Lansdowne, VA 20176
 info@care-net.org

AFFILIATION FEES

| Month of Affiliation | Nonrefundable Amount |
|-----------------------------|-----------------------------|
| January - June | \$225 |
| July - December | \$112.50 |

PAYMENT: YOU WILL BE INVOICED FOR THE APPLICABLE AFFILIATION FEE AFTER YOUR APPLICATION HAS BEEN APPROVED BY CARE NET. PLEASE **DO NOT SEND A CHECK** UNTIL AFTER YOU ARE INVOICED.



AFFILIATION AGREEMENT

Revised January 2016

This agreement is made this _____ day of _____, 20 _____ by and between Care Net and _____ (hereinafter "Center").
(Name of Pregnancy Center Organization)

In consideration of their mutual promises, the parties agree:

1. While affiliated with Care Net, Center will fully comply with each standard set forth in the Care Net Pregnancy Center Standards of Affiliation as of January 2013 and any amendments thereto.
2. While affiliated with Care Net, Center agrees to fully adhere to and to conduct all center activities in accordance with the principles set forth in the Care Net Commitment of Care and Competence and any amendments thereto.
3. While affiliated with Care Net, Center agrees to concur with each and every affirmation set forth in the Care Net Statement of Faith. Pregnancy center will not engage the services of any board member, director or regular volunteer who does not concur with the Care Net Statement of Faith.
4. While affiliated with Care Net, Center will submit to Care Net on an annual basis and in accordance with such dead lines established by Care Net a Certificate of Compliance, Pregnancy Center Statistical Report and annual affiliation fee.
5. Center is a legally recognized nonprofit entity, or is operating as a ministry arm of a legally recognized nonprofit entity such as a church.
6. Care Net will extend to Center all affiliation benefits during the time that Center's affiliation status remains in good standing.
7. The Center carries both general and professional liability insurance as well as medical liability when offering medical services (including ultrasounds, STD/STI tests, etc.).
8. The Center will notify Care Net about any pending litigation or investigations involving the center.
9. This certifies that each board member and center director of our organization has had an opportunity to carefully review the Care Net Standards of Affiliation, the Care Net Statement of Faith and the Care Net Commitment of Care and Competence. Upon such review, we hereby certify that all of the pregnancy center operations and activities of our organization will be conducted in full compliance with such standards and principles during such time that our organization remains affiliated with Care Net.

BY SIGNING AND SUBMITTING THIS APPLICATION, the applicant center certifies and understands that it is a legally separate and distinct entity from Care Net. The applicant center also acknowledges and agrees that approval of its affiliation application and its affiliation membership with Care Net do not create property rights of any kind or form, nor do they create an agency relationship or any other legal relationship with Care Net. Additionally, the applicant center agrees it may withdraw its affiliation membership (without refund) from Care Net at anytime and for any reason by contacting Care Net and requesting that its membership be terminated. Care Net reserves the right to revoke or deny the affiliation status of Center if Care Net determines, in the exercise of its sole discretion, that such action is warranted for any reason including, but not limited to, the failure of Center to abide by Care Net affiliation standards. This agreement shall be deemed to be executed within the Commonwealth of Virginia and shall be governed by Virginia law.

Board Chair Signature Date

Executive Director Signature Date

Care Net Signature Date