



U.S. Department of Health and Human Services (HHS)
 Substance Abuse and Mental Health Services Administration (SAMHSA)
 Center for Substance Abuse Treatment (CSAT)



**Building a Structure for Sustainability
 Registration Form for Detroit, MI
 Office of the Governor Cadillac Place
 3022 West Grand Boulevards, 14th Floor, Executive Conference Center
 June 16-18, 2008**

Name: _____

Title: _____

Organization's Name: _____

Please circle: Faith-Based **or** Community-Based?

Pastor/Director

Name: _____

Organization Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Number: _____ Fax Number: _____

Mobile Number: _____ Other: _____

E-mail (1): _____

E-mail (2): _____

Website: _____

Do you have any special needs? _____

Please answer the following questions regarding your organization:

1. How long has your organization been in existence? _____

2. What is the legal structure of your organization(s) (**check all that apply one**)?

- 501(c)3 Not-for-profit Corporation
- Registered Non-Profit with State (but not a 501(c)3)
- House of worship (church, synagogue, mosque or other)

- # of members _____
- For-Profit Corporation (S- Corp, LLC, etc)
- Sole-Proprietorship

3. What outreach services/ministry do you currently provide? (Check all that apply)

- HIV/AIDS education & prevention
- HIV/AIDS testing & counseling
- ATR prevention and outreach
- Recovery services
- Relapse services
- Provide general primary care to HIV+ persons
- Provide social support to HIV+ persons

- Provide spiritual guidance/counseling to HIV+ persons
- Provide spiritual guidance/counseling to ATR clients
- Provide support to families of HIV+ persons
- Provide support to families of substance users
- Provide spiritual guidance/counseling to families of HIV+ persons
- Other (please list) _____

4. How many full time employees are employed by your organization? _____

5. What languages do you utilize in your program?
 English Spanish Other _____

6. What was the annual budget for your organization in the last year? _____

7. Do you have an active board of directors? Yes No

8. How are you current services funded? (please check all that apply)

- Grants
- Contracts
- Private Donors
- Tithes/Offerings
- No funding
- State Funding
- Federal Funding
- Foundation Funding
- Local Funding
- Other _____

9. How do you make individuals aware of your organization & services? (check all that apply)

- Brochure
- Annual Report
- Website
- Business Cards
- Other _____
- Health Fairs
- Organizational Newsletter/Booklet/etc
- Radio/TV
- Paid Advertising

10. List 3 major service topics or program issues that you would like additional information and/or assistance:

1. _____

2. _____

3. _____

Complete and email entire registration to Sttaci Goodman, Altarum Institute, at sttaci.goodman@altarum.org . You will receive a confirmation receipt within 48 hours.