



Founded in 1990 to serve and strengthen Latino nonprofits, the **Hispanic Federation** is a service-oriented membership organization that works with Latino community-based organizations to advance the interests and aspirations of the Hispanic community.

## MEMBERSHIP CRITERIA

To be eligible for Hispanic Federation membership, an organization **MUST** meet the following requirements:

- Be incorporated and hold 501(c)(3) nonprofit tax-exempt status (at least 3 years)
- Have an established Hispanic executive leadership (i.e., majority Hispanic Board of Directors and/or Hispanic Executive Director)
- Benefit from a functioning and active governing Board of Directors
- Have sound fiscal management policies and procedures, including up to date audited financial statements
- Provide direct social services to the Latino community
- Serve and advocate for a constituency that is at least 50% Latino
- Budget over \$250,000

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NAME OF ORGANIZATION

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ADDRESS OF MAIN OFFICE

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CITY

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STATE

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ZIP CODE

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BOROUGH

---

TELEPHONE

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FAX

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WEBSITE/EMAIL ADDRESS

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EXECUTIVE DIRECTOR

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CONTACT PERSON

**PURPOSE OF ORGANIZATION**

1. Please give a brief history of the organization:

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2. Please state the mission of the organization:

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3. Is the organization incorporated as nonprofit?  YES  NO *(If YES, attach a copy of the certificate of incorporation).*

4. Is the organization recognized as tax exempt?  YES  NO

5. Is the organization recognized as tax exempt by the Internal Revenue Service?  
 YES  NO *(If YES, please attach IRS' 501 (c) (3) exemption certificate.)*

6. How long has your organization been in operation (year)? \_\_\_\_\_

Hispanic Federation Membership Application

ADMINISTRATION

- 1. Number of Board Members: \_\_\_\_\_  
 \_\_\_\_\_ Hispanic                      \_\_\_\_\_ African-American  
 \_\_\_\_\_ White/non-Hispanic        \_\_\_\_\_ Asian

(Please attach a copy of roster - list should identify titles held by board members.)

- 2. Number of board meetings held during the last fiscal year: \_\_\_\_\_

- 3. Average attendance at board meetings: \_\_\_\_\_

- 4. Briefly describe board composition (lawyers, doctors, social workers, community people, consumers, etc...)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 5. List board committees (For example: Audit, Finance, Personnel, etc...)

_____	_____
_____	_____
_____	_____

- 6. Total number of paid staff: \_\_\_\_\_
  - a. Management \_\_\_\_\_            b. Support \_\_\_\_\_
  - c. Full-time \_\_\_\_\_                d. Volunteers \_\_\_\_\_

- 7. Does the agency have an organizational chart? (If YES, please attach.)  
 YES     NO

- 8. Does the organization have written personnel policies? (If YES, please attach.)  
 YES     NO

- 9. Does the organization have job descriptions for each paid position?  
 YES     NO

Hispanic Federation Membership Application

**FINANCE**

- 1. Please indicate your fiscal year from \_\_\_\_\_ to \_\_\_\_\_.
- 2. Please indicate your total operating budget for the last completed fiscal year:  
\_\_\_\_\_ (Please attach copy.)
- 3. Please provide a breakdown of your operating budget as follows:

Income:

a.	Public sources of support <i>(Federal, State, City/County contracts)</i>	
b.	Foundation support	
c.	Corporate support	
d.	Program service fees	
e.	Fundraising events <i>(Dinners, mail appeal, benefits, etc.)</i>	
f.	Other (please specify)	
<b>TOTAL SOURCES OF SUPPORT:</b>		

**EXPENSES:**

a.	Personnel costs	
b.	Other than personnel costs	
c.	Other <i>(Please specify)</i>	
<b>TOTAL EXPENSES:</b>		

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4. Does the organization have a certified independent audit?

YES  NO (If YES, please submit a copy of latest audit.)

5. What is the current operating budget of the organization?

6. Has the organization experienced any financial difficulties in the last three years?  
(If YES, please specify.)

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**COMMUNITY PROGRAMS AND IMPACT**

1. List major program services rendered by the organization.

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2. Indicate how organization advances the interests and well-being of the Hispanic community it serves and represents.

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**Hispanic Federation Membership Application**

3. During the last fiscal year were:

- a. Any new programs developed?  YES  NO  
*(If YES, please describe on a separate page)*
- b. Any programs discontinued?  YES  NO  
*(If YES, please describe on a separate page)*

4. Please indicate number of individuals served during the last fiscal year: \_\_\_\_\_

5. Given the number of individuals served during the last fiscal year, please complete the following:

Area of residence <i>(List Borough or Neighborhoods)</i>	# of Persons	Age Groups	# of Persons
_____	_____	Under 6...	_____
_____	_____	6 - 17...	_____
_____	_____	18 - 24...	_____
_____	_____	25 - 55...	_____
_____	_____	56 - 64...	_____
_____	_____	65 - Older...	_____
_____	_____	Unknown...	_____
<b>TOTAL:</b>			_____

Race/Ethnicity	# of Persons	Sex	# of Persons
Central American	_____	Male	_____
Colombian	_____	Female	_____
Cuban	_____	Unknown	_____
Dominican	_____		
Ecuadorian	_____		
Mexican	_____		
Puerto Rican	_____		
South American (other)	_____		
African-American	_____		
Asian	_____		
White/Anglo	_____		
Unknown	_____		

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**COMMUNITY/PUBLIC RELATIONS**

1. Does the organization produce an annual report? \_\_\_\_\_

*(If YES, please submit copy of latest report.)*

2. Please indicate how services are made known to the community.

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3. Please indicate the major affiliations of the organization.

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4. Is the organization currently receiving any technical assistance from an outside source? If yes, indicate the technical assistance provider and the nature of assistance.

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Please include additional materials about your organization and submit to:

**Christina Ramos-Palau**  
*Director of Membership Services*  
Hispanic Federation  
55 Exchange Place, 5th Floor  
New York, NY 10005