



2-1-1 New York Collaborative Application for Designation

Eligibility Criteria

Any agency or organization applying for designation of 2-1-1 in their Region of New York State must meet the 2-1-1 New York Operational requirements listed below at the time of the application or be able to meet criteria within (3) years of 2-1-1 Designation.

In addition, the agency must operate an information and referral program at the time of the application for designation as a 2-1-1 regional call center to be made.

No more than one 2-1-1 designation will be awarded within a region. Applications that demonstrate collaboration will be given priority consideration. Roles of the lead agency as well as of the partners should be clearly defined.

2-1-1 New York Regional Call Center Operational requirements

- 1) Computerized Information and Referral (I&R) database with call tracking capability. Must be in a format which allows for the ability to share data.
*Should have specific staff employed for Information and Referral database maintenance and have structured routine for updating Information and Referral database information.
- 2) 24 hours by 7 days accessibility for callers to connect directly with an information specialist in live time, either at agency or ability to collaborate with another agency for after-hours coverage.
- 3) Ability to put into place an interactive web application.
- 4) Ability to measure all access points to call center information, i.e. telephone calls, web hits or directory requests.
*Access to a telephone reporting system either on own switch or through local and/or long distance telephone companies.
*Employ the use of a web site reporting system.

- 5) Automated Call Distribution (ACD) capability or the ability to upgrade to one.
- 6) Teletypewriter (TTY) and Multi-language accessibility either on site or access to translation services.
- 7) Must employ a structured training curriculum, e.g. ABC's of Information and Referral.
- 8) Must be accredited by the Alliance of Information and Referral Systems, Inc. or have an active application pending.
- 9) Ability to provide appropriate staff for call volume needs as well as appropriate staff to maintain the region's database of human services information.
- 10) Ability to publicize 211 services and educate the public on an on-going basis.
- 11) Ability to handle crisis calls on site or linkage through protocol with a local crisis center.
- 12) Ability to handle volunteer/in-kind request calls or linkage through protocol with an appropriate clearinghouse agency.

Application Process

It is our intention to move the application review process ahead in a timely manner, aiming to complete the process within a 60 day timeframe from the date that your completed application arrives at the 2-1-1 New York Collaborative's address.

All applications, (1) original and (7) copies, must be submitted to:

The 2-1-1 New York Collaborative
C/O The United Way of New York
155 Washington Avenue
Albany, NY 12210

For additional information, please contact the chair of the 2-1-1 NY Application Review Team, Mary Shaheen at The United Way of New York at (518) 462-2522 or email to shaheenm@uwnys.org.

After you have submitted your completed application, all required documentation will be reviewed by a team of 5-7 impartial participants, appointed by the 2-1-1 New York Collaborative.

If the application needs further definition or clarification to be acceptable, the applicant will be notified by a review team member who will request a corrected or revised application. This determination will be made within 10 business days of receipt of an application. Applicants will have a limited amount of time, to be determined by the review team, within which to submit the required components. Failure to meet this timeframe will void the application. The review period will be completed within 60 days of receipt of a complete application.

Within the 60 day review period, a site visit by a minimum of two members of the review team will be scheduled and completed.

Upon completion of a thorough review, a representative of the 2-1-1 New York Collaborative will notify you in writing of the review team's decision regarding designation as a 2-1-1 New York Regional Call Center or of denial of the designation to include the reason(s) the denial has been made.

Organizations may appeal an unfavorable decision by submitting a written request for a second review based on reasonable misinterpretation of the agency application.

In all cases, the decision of the 2-1-1 New York Collaborative membership following an appeal is final.

APPLICATION CHECK LIST

Your Packet must include each of the following items:

- Completed application for designation as a 2-1-1 New York Regional Call Center, Sections A through G. With written documentation for Section F, questions 1 through 12.
- Documentation of the history of the 2-1-1 regional collaborative efforts in your region, emphasizing the strength of your collaborative and outlining your proposed governance structure.
- Brief written history of the agency to include number of years of operation, most recent years' call volume, and relationships with other information and referral agencies, if any. (Please, 500 words or less)
- Written plan for implementation of 2-1-1 service, including time line. Plan must include meeting all 2-1-1 New York Operational Requirements within (3) years of 2-1-1 Regional Call Center designation.
- Documentation of your proposed three year budget, including your budget narrative.
- Documentation of your New York Attorney General Charities Registration Number as confirmation that required filings are current.
- Documented proof of 501(c) (3) non-profit status with a copy of the agency's most recent financial audit.

APPLICATION

AGENCY INFORMATION	
SECTION A	
Agency Name	
Agency Address	
Administrative Telephone Number	
Fax Number	
E-mail Address	
Website URL	
Executive Director of Agency	
I&R Program Director	
Contact Person	
Date I&R Program was Established	
Current Annual Budget	
Are You a Member of NYS AIRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are You a Member of AIRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major Funding Sources	List top three funding agency names, addresses, phone numbers and a contact name for each funding source.
1)	
2)	
3)	

PROGRAM INFORMATION						
Service Delivery Telephone Numbers						
Service Delivery TTY Number						
Current Services Provided (check all that apply)	Counties Served**					
Type Of Service						
Comprehensive I&R						
Specialized I&R						
Crisis Counseling						
Blended I&R and Crisis Service						
Database Management						
Directory Publishing						
Volunteer Services						
Other, Specify:						

PERSONNEL INFORMATION			
I&R Program Director's Employment Status	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Volunteer

Total Number of Salaried Employees	_____ Full Time	_____ Part Time	_____ Volunteer
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Number of Salaried Staff with Degrees	_____ H.S or G.E.D	_____ B.A., B.S.	_____ M.A., M.S.
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Number of Volunteer Staff with Degrees	_____ H.S or G.E.D	_____ B.A., B.S.	_____ M.A., M.S.
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Total Number of Staff Answering I&R Service Calls	<input type="text"/>
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Total Number of Staff Devoted to Database Development and maintenance	<input type="text"/>
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AGENCY HISTORY

SECTION B

Please write a brief history of your agency to include number of years in operation, most recent year's call volume, and relationships with other Information and Referral service providers, if any.

(Please limit to 500 words or less)

Evidence of 501 (c) (3) status attached

New York Attorney General Charities Registration #_____

**HISTORY OF 2-1-1
REGIONAL
COLLABORATIVE
EFFORTS**

SECTION C

Please describe the history of your 2-1-1 regional collaborative efforts, outlining the key participants with their roles and responsibilities. These may include funding, outreach to ensure that stakeholders in all counties to be serviced by the call center are fully engaged and included in the planning and implementation process, marketing 2-1-1 in the region, etc.

(Please limit to 500 words or less)

- Attach list of key roles and responsibilities of collaborative members.

- Attach proposed governance structure

- List contact information for chair or key participants of the 2-1-1 regional collaborative

**2-1-1REGIONAL
COLLABORATIVE
IMPLEMENTATION PLAN
AND TIMELINE**

SECTION D

Please demonstrate your implementation plan for the 2-1-1 call center services for your entire region. If your agency does not meet a requirement of the 2-1-1 New York Operational Requirements at the time of your application submission, please be specific in this section as to what your timeline will be to meet these standards within the allotted (3) years from your 2-1-1 Regional Call Center designation.

Timelines must have clear and specific dates that are realistic to your tasks. (The use of PERT or GANT charts are encouraged.)

(Please limit to 500 words or less)

2-1-1 FINANCIAL PLAN**SECTION E**

Please demonstrate your financial plan and budget for a three year spending and income strategy for your local 211 call center. Please include a budget narrative to outline the items in each budget line.

Most recent financial audit attached

SAMPLE BUDGET LAYOUT (See full example attached)

REQUIRED ITEMS					
EXPENDITURES					
ADDITIONAL PERSONNEL		YEAR 1	YEAR 2	YEAR 3	TOTAL
211 Project Coordinator (FT)	1x 36,000	36,000	37,080	38,192	111,272
Resource Specialist (FT)	2x 31,000	62,000	63,860	65,776	191,636
Shift Supervisor (FT)	1x32,000	32,000	32,960	33,949	98,909
Telecounselor (FT)	10x24,500	245,000	252,350	259,920	757,270
TOTAL ADDITIONAL SALARIES		375,000	386,250	397,837	1,159,087
FRINGE BENEFITS	22%	82,500	84,975	87,524	254,999
ADMINISTRATIVE OVERHEAD	17%	77,775	80,108	82,511	240,394
TOTAL ADDITIONAL PERSONNEL		535,275	551,333	567,872	1,654,480
STAFF TRAINING EXPENDITURES		8,400	8,400	8,400	25,200
OPERATING EXPENDITURES					
START UP EXPENDITURES					
REVENUES					
CONTRIBUTIONS					
ANTICIPATED RECEIPT OF GRANT REQUESTS					
TOTAL UNACCOUNTED FOR PROJECT EXPENDITURES					

**211 CALL CENTER
OPERATIONAL
COMPLIANCE**

SECTION F

The following standards correlate with the operational requirements outlined by the 2-1-1 New York Collaborative. Please check the box that indicates your readiness to meet these requirements. **Please attach a brief description as to how your agency currently meets each requirement or what your plan and timeline is to meet each requirement.** If you do not currently have a website please indicate this in your descriptions.

- 1) Computerized Information and Referral (I&R) database with call tracking capability. Must be in a format which allows for the ability to share data. Also should have specific staff employed for Information and Referral database maintenance and have a structured routine for updating the information in the Information and Referral database.

- The call center currently meets this standard.
 The call center does not currently meet this standard.

- 2) 24 hours by 7 days accessibility for callers to connect directly with an information specialist in live time, either at agency or ability to collaborate with another agency for after-hours coverage.

- The call center currently meets this standard.
 The call center does not currently meet this standard.

- 3) Ability to put into place an interactive web application for the purposes of mutual support.

- The call center currently meets this standard.
 The call center does not currently meet this standard.

- 4) Ability to measure all access points to call center information, i.e. telephone calls, web hits or directory requests. Ability to a telephone reporting system either on own switch or through local and long distance telephone companies and the ability to employ the use of a web site reporting system.

- The call center currently meets this standard.
 The call center does not currently meet this standard.

- 5) Automated Call Distribution (ACD) capability.

- The call center currently meets this standard.
 The call center does not currently meet this standard.

6) Teletypewriter (TTY) and Multi-language accessibility either on site or access to translation services.

The call center currently meets this standard.

The call center does not currently meet this standard.

7) Must employ a structured training curriculum, e.g. AIRS' publication of the ABC's of Information and Referral.

The call center currently meets this standard.

The call center does not currently meet this standard.

8) Must be accredited by the Alliance of Information and Referral Systems, Inc. or have an active application pending.

The call center currently meets this standard.

The call center does not currently meet this standard.

9) Appropriate staff to call volume ratio. Staffing must be at a minimum of 1 Full Time Equivalent (FTE) for every 4,500 calls annually.

The call center currently meets this standard.

The call center does not currently meet this standard.

10) Ability to publicize 211 services and educate the public on an on-going basis.

The call center currently meets this standard.

The call center does not currently meet this standard.

11) Ability to handle crisis calls on site or linkage through protocol with a local crisis center.

The call center currently meets this standard.

The call center does not currently meet this standard.

12) Ability to handle volunteer/in-kind request calls or linkage through protocol with an appropriate clearinghouse agency.

The call center currently meets this standard.

The call center does not currently meet this standard.

**DEMONSTRATION OF
COMMUNITY SUPPORT**

SECTION G

Please attach documentation to demonstrate evidence of community support for your agency to become a 2-1-1 call center. Examples could be letters of support, memoranda of understanding, report from AIRS accreditation consultant, evidence of funding support or any other documentation you deem appropriate to verify that your community supports you in this effort. Contact names and telephone numbers for verification should be included.

- Letters of support from primary funding agencies
- Letters of support from NYS AIRS or AIRS
- Letters of support from local United Way(s)
- Letters of support from community partners to indicate the expectation that these letters represent a broad cross-section of local partners, interests, and constituencies.

AGREEMENT

In submitting this application for designation of a 2-1-1 New York Regional Call Center, we hereby agree to the following conditions related thereto:

1. We agree to prepare and provide copies of any written material which may be requested by the review committee on designation as a part of our evaluation.
2. We agree to notify the 2-1-1 New York Collaborative immediately whenever any change in our program may effect our designation status.

Program Director or Executive Director

Date

Notary Public

Date

For the Governing Body

Title:_____

Date

Chair of Regional 2-1-1 Collaborative

Date