

INFORMATION FORM

1. Name of organization _____

2. Address _____

3. Postal code _____ Phone () _____ Fax () _____

4. Website _____ E-mail _____

5. Contact name/Position _____

6. Please check the category that best describes your organization.

(If your organization deals with more than one category, please mark 1 by the most representative, 2 by the second most representative, and so on.)

- | | |
|---|---|
| <input type="checkbox"/> Aboriginal women | <input type="checkbox"/> Parenting and family |
| <input type="checkbox"/> Arts | <input type="radio"/> Girls and young women |
| <input type="checkbox"/> Crisis intervention | <input type="radio"/> Family life |
| <input type="checkbox"/> Cultural, racial and other minority groups | <input type="checkbox"/> Persons with disabilities |
| <input type="checkbox"/> Francophone women | <input type="checkbox"/> Post-secondary, continuing education, and training |
| <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Religious groups |
| <input type="radio"/> General health and wellness | <input type="checkbox"/> Rural and farm women |
| <input type="radio"/> Mental health | <input type="checkbox"/> Violence against women |
| <input type="radio"/> Pregnancy and reproductive issues | <input type="radio"/> Shelters |
| <input type="radio"/> Sports and physical health | <input type="radio"/> Second stage housing |
| <input type="radio"/> Substance abuse and addictions | <input type="radio"/> Crisis services and counseling |
| <input type="checkbox"/> Human rights and legal issues | <input type="checkbox"/> Work, business, finance, and career planning |
| <input type="checkbox"/> Information and referral | <input type="checkbox"/> Other (please describe) _____ |
| <input type="checkbox"/> Inner city and poverty | _____ |
| <input type="checkbox"/> Media | _____ |
| <input type="checkbox"/> Older women | |

7. What is the main objective or mandate of your agency? _____

8. Does your organization provide ONGOING programs/services designed primarily for women, or those that are of high interest to women?

- Yes No If yes, please provide a brief description of services.
(50 words or less)

9. For what age group of women are your programs/services designed?

- Girls (birth to 12) Adolescent women (13 to 18) Women (19 to 30)
 Women (31 to 64) Senior women (65+) All

10. Can women or women's organizations apply for funding DIRECTLY from your organization?

- Yes No

If yes, please check the type of funding you currently provide.

- Scholarship/bursaries Organizational funding Grants for special projects
 Other

Please provide a brief description and outline the criteria for funding.

11. What is the scope of the programs/services that you provide? (Please check the one category that is most representative of your organization.)

- Local/community Regional Provincial National

12. Please FAX, MAIL or EMAIL this form to:

Alberta Human Rights and Citizenship Commission, Alberta Community Development
800 Standard Life Centre
10405 Jasper Avenue
Edmonton, AB T5J 4R7
Fax: (780) 422-3563
Email: humanrights@gov.ab.ca