

Advocate. Collaborate. Make a difference.

Full member application



Full member applicant assessment and approval procedure

The following process will be used to review and assess applications for Federation full membership.

1. Application and requested attachments are received.
2. Applicable state licensing reports are requested.
3. Application is announced to members.
4. Conference is scheduled at the applicant's location: to become familiar with the agency and its leadership; to discuss Federation purposes, goals and benefits of member participation; and to explore any areas where there may be questions about eligibility for membership.
5. Executive committee reviews application and supportive materials and makes recommendation to Federation Board.
6. Board votes on application.
7. Applicant is notified of Board vote.
8. If application is approved, membership commences upon receipt of initial dues payment.

TO BE COMPLETED BY APPLICANT

Complete, formal name of organization, including "Inc." if applicable:

Street address: _____

City: _____ State: _____ Zip: _____

County of main office location: _____

Mailing address (if different): Street/PO box: _____

City: _____ State: _____ Zip: _____

Agency web address: _____

Agency main phone: (_____) _____

Chief executive's name: _____

Chief executive's title: _____

Chief executive's email: _____

Executive's cell phone: (_____) _____ [MiFed staff use only; not to be published]

Number of years in position: _____; with the agency: _____

Our agency serves the following Michigan counties:

with branch offices in the following cities:

Our agency serves the following other states and/or countries:

If applicable, please identify the current Federation member(s) responsible for recruiting this organization for Federation membership:

CONTINUE TO NEXT PAGE...

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Please check below the types of programs and services this agency provides and indicate in the right-hand column those programs which are accredited by the national standards-setting body identified here:

- COA
- JCAHCO
- CARF
- Other, specify: _____

| Check all that apply: | Check here if accredited: |
|--|---------------------------|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> |
| <input type="checkbox"/> Adventure-based program | <input type="checkbox"/> |
| <input type="checkbox"/> Behavioral health services | <input type="checkbox"/> |
| <input type="checkbox"/> Community-based services | <input type="checkbox"/> |
| <input type="checkbox"/> Corrections program—adults | <input type="checkbox"/> |
| <input type="checkbox"/> Day care for children | <input type="checkbox"/> |
| <input type="checkbox"/> Day treatment | <input type="checkbox"/> |
| <input type="checkbox"/> Education | <input type="checkbox"/> |
| <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> |
| <input type="checkbox"/> Employee assistance program | <input type="checkbox"/> |
| <input type="checkbox"/> Employment program | <input type="checkbox"/> |
| <input type="checkbox"/> Family services | <input type="checkbox"/> |
| <input type="checkbox"/> Foster care | <input type="checkbox"/> |
| <input type="checkbox"/> Independent living programs for youth | <input type="checkbox"/> |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> |
| <input type="checkbox"/> Refugee resettlement service | <input type="checkbox"/> |
| <input type="checkbox"/> Residential treatment | <input type="checkbox"/> |
| <input type="checkbox"/> Respite care | <input type="checkbox"/> |
| <input type="checkbox"/> Senior services | <input type="checkbox"/> |
| <input type="checkbox"/> Substance abuse services | <input type="checkbox"/> |
| <input type="checkbox"/> Volunteer programs | <input type="checkbox"/> |
| <input type="checkbox"/> Other: | <input type="checkbox"/> |
| _____ ... | <input type="checkbox"/> |
| _____ ... | <input type="checkbox"/> |
| _____ ... | <input type="checkbox"/> |
| _____ ... | <input type="checkbox"/> |

On behalf of all programs and services provided by your agency in Michigan, please provide current information as follows:

| | | |
|----------------------|--|----|
| HUMAN IMPACT | # of children served annually | |
| | # of adults served annually | |
| ECONOMIC IMPACT | Total # of employees (full- and part-time together) | |
| | Total salaries cost annually | \$ |
| | Total fringe benefits cost annually (do not include payroll taxes) | \$ |
| COMMUNITY INVESTMENT | Private donation dollars raised annually | \$ |
| | Value of equipment, land, buildings | \$ |
| | # of individuals on your agency board | |
| | # volunteers engaged annually | |
| | # volunteer hours donated annually | |

Full Member Dues Formula (effective October 1, 2023)

| Agency total expenditures | Dues rate | Dues ranges |
|---------------------------|-----------|---------------------|
| up to \$400,000 | .00314 | \$1,255 |
| \$400,001–\$500,000 | .00314 | \$1,256 - \$1,570 |
| \$500,001–\$1,000,000 | .00314 | \$1,570 - \$3,140 |
| \$1,000,001–\$2,000,000 | .00314 | \$3,140 - \$6,280 |
| \$2,000,001–\$3,000,000 | .00314 | \$6,280 - \$9,420 |
| \$3,000,001–\$4,000,000 | .00314 | \$9,420 - \$12,560 |
| \$4,000,001–\$5,000,000 | .00314 | \$12,560 - \$15,700 |
| \$5,000,001–\$7,500,000 | .00314 | \$15,700 - \$16,334 |
| \$7,500,001–\$10,000,000 | | capped at \$16,962 |
| \$10,000,001–\$12,500,000 | | capped at \$17,591 |
| \$12,500,001–\$15,000,000 | | capped at \$18,218 |
| \$15,000,001–\$17,500,000 | | capped at \$18,846 |
| \$17,500,001–\$20,000,000 | | capped at \$19,474 |
| \$20,000,001–\$25,000,000 | | capped at \$20,103 |
| \$25,000,001–\$30,000,000 | | capped at \$20,732 |
| \$30,000,001–\$35,000,000 | | capped at \$21,359 |
| \$35,000,001–\$40,000,000 | | capped at \$22,617 |
| \$40,000,001–\$45,000,000 | | capped at \$23,873 |
| \$45,000,001–\$50,000,000 | | capped at \$25,128 |
| \$50,000,001–\$55,000,000 | | capped at \$26,385 |
| \$55,000,001–\$60,000,000 | | capped at \$27,642 |
| \$60,000,001–\$65,000,000 | | capped at \$28,898 |
| \$65,000,001–\$70,000,000 | | capped at \$30,155 |
| Over \$70,000,000 | | capped at \$31,411 |

Minimum dues \$1,255 per year • Maximum dues \$31,411 per year

Federation Full Member Annual Dues Calculation:

Understanding that Federation membership, once approved by the Federation Board of Directors, commences upon receipt of a full member's initial dues payment based on an audit of the agency's most recently-completed fiscal year (copy enclosed), I calculate our annual dues as follows:

Total agency expenditures [to include unrestricted operating expenditures, restricted fund(s) expenditures and depreciation expense; and to exclude capital asset acquisition expenditures] last-completed fiscal year: \$ _____ (A)

Full member dues formula: x .00314 (B)

Multiply figure A by B: \$ _____ (C)

Annual member dues amount:* \$ _____ (D)

—*Apply minimum or maximum as per chart above.

Federation Legal Trust Fund Annual Assessment:

Calculate 5% of figure D:** \$ _____ (E)

*Annual dues will be pro-rated if an agency joins after October 1.

**This assessment percentage is established by the LTF Board of Trustees and may change from year to year.

Applicant's signature indicates applicant organization subscribes to the Federation's purposes as defined in the Federation's Articles of Incorporation, Bylaws, Membership Standards and Board Policies:

Signed: _____

Date: _____

Include the following items with your member application:

- Agency organizational chart
- Most recent audited financial statement
- Most recent annual report of agency services and programs
- Current list of agency board members
- If licensed, verification of valid current license
- If accredited, most recent certificate of accreditation
- Written statement of agency's mission
- Typed list of branch office locations and phone #s
- Descriptive brochures about agency programs.

Scan/email completed application and attachments to jenny@michfed.org or mail to:

Michigan Federation for Children and Families
620 S. Capitol Avenue, Suite 325
Lansing MI 48933