PATHWAYS TO EXCELLENCE IN COMMUNITY ACTION ENROLLMENT FORM

Organization ________________________________________________________________
Address ___________________________________________________________________
City ___________________________ State ___________ Zip ________________
Phone __________________________ Email ________________________________

Executive Director ______________________________________________________
Primary Pathways Contact (if different from Executive Director) ______________
Phone __________________________ Email ________________________________

Type of organization: Public Private/Nonprofit
Amount of total annual agency funding (from IRS Form 990) __________________ Year __________________

Application Fee (See next page for fee schedule) $ Enclosed: Yes No
If No, state how/when payment will be made _____________________________________________

Primary type of area served:
Single-county rural Multi-county Rural Urban and Rural Metropolitan

Number of full-time equivalent staff (e.g., two half-time positions equal one FTE) __________________

AUTHORIZED
The above-designated Agency certifies it is a current member of Community Action Partnership and is hereby enrolling
in the following (check one):
Pathways to Excellence Open Enrollment
Pathways to Excellence – State Based, Proposed Start Date ____________________
Participating State/State CAA Association __________________________

As evidenced by the attached duly authorized Board resolution and fee payment, we certify that the above information
is accurate and correct to the best of our knowledge and have attached a current IRS Form 990.

Board Chair __________________________ Date __________________
Signature __________________________________________________________________
CEO/Executive Director __________________________ Date __________________
Signature __________________________________________________________________

Please include with this signed application:
(1) Board resolution
(2) Enrollment fee
(3) IRS 990
(4) Strategic plan

Submit this form and attachments to:
Jarle Crocker, Director of Training and Technical Assistance
PH: 202-449-9774, jcrocker@communityactionpartnership.com
Community Action Partnership
1140 Connecticut Avenue – Suite 1210
Washington, DC 20036

PATHWAYS TO EXCELLENCE FEE SCHEDULE

<table>
<thead>
<tr>
<th>Agency-wide Annual Funding *</th>
<th>Pathways Open Enrollment Fee **</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 – $500,000</td>
<td>$750</td>
</tr>
<tr>
<td>$500,001 – $1,000,000</td>
<td>$900</td>
</tr>
<tr>
<td>$1,000,001 – $3,000,000</td>
<td>$1050</td>
</tr>
<tr>
<td>$3,000,001 – $6,000,000</td>
<td>$1200</td>
</tr>
<tr>
<td>$6,000,001 – $9,000,000</td>
<td>$1350</td>
</tr>
<tr>
<td>$9,000,001 – $12,000,000</td>
<td>$1500</td>
</tr>
<tr>
<td>$12,000,001 and above</td>
<td>$1800</td>
</tr>
</tbody>
</table>

* Your annual CAA agency-wide funding total should correspond to your IRS 990 Form
** Agencies enrolling via the State Based Pathways have a separate fee structure –
contact the Partnership for details on the State-Based Initiative