Request for Off-Campus Work-Study Contract

AGENCY INFORMATION:
1. Please provide the following contact information:
   Agency Name: ___________________________________________
   Director or Contact: _______________________________________
   Email Address: ___________________________________________
   Mailing Address: __________________________________________
   Street Address (if different): ________________________________
   Phone Number: Fax: ________________________________________
   Agency Website (if applicable): _____________________________
   Tax Exempt Number: _______________________________________

2. How did you hear of our program? _____________________________

3. What is the purpose and/or mission of your organization? (Please attach an agency brochure or any other written information about your organization if you don't have information online.)

4. How long has your agency been in existence? __________________

5. Please circle one- is your agency a: Non-Profit Governmental Organization Other
   If a non-profit or governmental organization, what is your IRS-assigned Foundation Status Classification number? ___________________________

6. What kind of tasks would work-study students perform for your agency? ___________________________

7. Will your work-study jobs address any of the following areas? (Check all that apply)
   ___ Childcare            ___ Human Services
   ___ Community Improvement ___ Literacy Training
   ___ Conservation Corps Program ___ Public Training
   ___ Crime Prevention       ___ Rural Development
   ___ Counseling             ___ Transportation
   ___ Service for the Disabled ___ Welfare or Social Services
   ___ Education/Tutorial Services ___ Youth Corps Program
   ___ Environmental Improvement ___ Other:
   ___ Health Care            ___ Housing or Neighborhood

8. Is the program for which the student will be hired open to the general public? ____ Yes ____ No
BUDGET INFORMATION:
1. If given a contract, will your agency be able to include the cost of the work-study match in your annual budget? ____Yes____No

2. How is your agency funded? (Please fax a copy of your most recent annual financial report or audit to us at 303-492-4544. This is to ensure that we contract with financially-healthy organizations.)

HIRING INFORMATION:
1. On average, how many students would you anticipate hiring:
   During the academic year (mid-August to mid-May): ________________
   During the summer session (mid-May to mid-August): ________________

2. Would your agency have openings on an ongoing basis throughout the year, or would your agency need to complete all of its hiring at one or two times during the year? ________________________________

3. Are there specific days and times that you plan on scheduling work-study students? ________________
   Work-study students cannot displace any currently employed workers at your agency.

SUPERVISORY INFORMATION:
1. How many people in your agency would be responsible for supervising the students? ________

REQUEST FOR CONTRACT INFORMATION
Thank you for your interest in participating in CU Boulder’s Work-study Program. We will review your information and consider your agency for an Off-Campus Work-study contract.

Please note: Although your agency may be a qualified work-study employer, we contract with a designated number of employers each year. If we have fulfilled our contracts for the year, we will place your agency on our employer waitlist. We will email your primary contact to discuss and advise of approval status, and if your agency is placed on the waiting list, we will keep your information on file to review at a later date.

If a contract is granted, you will receive the contract in the mail with some other necessary documents that will need to be returned to our office. The supervisor(s) will also be required to participate in training sessions on the work-study program and university policies.

Please return contract request to Student Employment by mail, fax or email.