



Community Access to Resources
that Engage | Empower | Employ

POWERED BY CHARLOTTE WORKS

Name (organization): _____

Address: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Mission: _____

CARE3 Site Requirement Checklist

All CARE3 sites must meet the following minimum criteria to be approved.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Faith Based or 501c3 Community Organization located in Charlotte Mecklenburg County *501c3 documentation
<input type="checkbox"/>	<input type="checkbox"/>	Approved mission statement by Charlotte Works
<input type="checkbox"/>	<input type="checkbox"/>	Have been in existence for a minimum of three (3) years (Federal Tax ID) * Federal ID Document
<input type="checkbox"/>	<input type="checkbox"/>	A minimum of \$250,000 liability insurance coverage and agree to assume all costs incurred and liability responsibility of the CARE3 location * copy of insurance coverage
<input type="checkbox"/>	<input type="checkbox"/>	At least 100 square feet of (heated/air conditioned) designated space?
<input type="checkbox"/>	<input type="checkbox"/>	Agree that the services and activities related to Charlotte Works SHARE Network Access Point must be non-religious, non-discriminatory, and ensure equal opportunity to all customers
<input type="checkbox"/>	<input type="checkbox"/>	Drug-Free Work Place Certification *signed certification
<input type="checkbox"/>	<input type="checkbox"/>	Provides high speed internet connection and reliable electricity
<input type="checkbox"/>	<input type="checkbox"/>	Meets American with Disability Act requirements (ADA) for accessibility to the facility
<input type="checkbox"/>	<input type="checkbox"/>	Open for operation for minimum of 12 hours per week (same days and hours each week) with a trained SNAP Point of Contact
<input type="checkbox"/>	<input type="checkbox"/>	Agree to send 1-2 volunteers/staff to required CARE3 orientation and NCWorks Online training
<input type="checkbox"/>	<input type="checkbox"/>	Agree to submit required CARE3 monthly Customer Tracking Reports
<input type="checkbox"/>	<input type="checkbox"/>	Agree to enter a Memorandum of Understanding between Charlotte Works as a CARE3 site for one program year

Authorized Signature for NCWorks CARE3 Site

Title and Date

[*Please submit all required documents to the following contact:](#)

Debra Dixon White | 704.206.1348 | Community Partnerships Manager
11301 Carmel Commons Blvd., Suite 301 | Charlotte, NC 28226