

# APPLICATION FOR ASSOCIATE STATUS



## What is CSSEA?

The Community Social Services Employers' Association (CSSEA) provides effective and efficient human resources services, with an emphasis on labour relations, to agencies within the community social services sector in British Columbia.

## Associate Status

An agency which is not a Member of CSSEA may be granted Associate status where there is mutual interest between CSSEA and the agency to do so.

The terms and conditions outlined in this application outline the rights and obligations arising from Associate status.

## Associate Services

Associates can receive the following three categories of human resources and labour relations customized services for the social services sector.

## Subscription Services

These services include receiving CSSEA's general publications (including Self-Help Guides), access to the CSSEA subscription services website and web job posting service and receiving future bulletins and newsletters.

## Consulting Services

Consulting Services include all Subscription Services as outlined above and, in addition, you'll enjoy access to the expertise of one of our CSSEA HRLR Consultants assigned specifically to your agency. Our CSSEA Consultants provide the following sectoral services:

- Labour relations advice & services
- Collective agreement application & interpretation
- Employment legislation interpretation
- Total compensation advice & services
- General HR advice & services

## Specialized Services

Associates can purchase CSSEA's Specialized Services on an as-needed basis. To be eligible, Associates must first opt for either Subscription Services or Consulting Services. The terms of Specialized Services are outlined in a Specialized Services Contract, tailored to your agency. Specialized Services include:

- Dispute Resolution
- Collective Bargaining
- Labour Relations Training and General Human Resources Workshops

## Costs

All fees are subject to applicable taxes.

- The annual fee for Subscription Services is \$125.
- The annual fee for Consulting Services is based upon the number of FTEs employed by your agency and the union or non-union status of your agency:

FTEs	Union Associates	Non-Union Associates
>50	\$4,500	\$1,150
10 - 50	\$2,500	\$ 650
<10	\$1,000	\$ 250

- The fees for Specialized Services are based on the type of service requested. Please contact CSSEA for more information.

## Application Process

Complete and return this application form to CSSEA. Your completed application form will be reviewed by CSSEA to confirm your agency qualifies for Associate status. Upon completion of this review, you will be contacted in person and notified in writing regarding the status of your application.

## More information

If you would like more information about CSSEA services, please visit our website at [www.cssea.bc.ca](http://www.cssea.bc.ca) or contact our Director, Member Services, at 604.687.7220 or 1.800.377.3340 or via fax at 604.687.7266.

**SUITE 800,  
555 BURRARD STREET, Box 232  
VANCOUVER BC V7X 1M8**

Thank you for your interest in the  
Community Social Services  
Employers' Association

**A** Agency Information:

<b>Registered/Legal Name:</b>		
<b>Operating Name:</b>		
<b>Telephone Number:</b>	<b>Fax Number:</b>	<b>E-mail:</b>
<b>Address (suite, number, street, city, postal code, postal box for transition houses):</b>		
<b>Contact Person:</b>	<b>Position:</b>	
<b>Legal Status (registered company, sole proprietor, non-incorporated partnership, incorporated society):</b>		
<b>Incorporation/Registration Number:</b>	<b>Date of Registration:</b>	

**B** Full-Time Equivalents:

**Total FTEs**

Please enter the number of full-time equivalents (FTEs) in your organization:

An FTE is the equivalent of one person working 1957.5 hours in a one-year period. The number of FTEs for the last completed fiscal year can be calculated as follows:

'The total number of hours that were budgeted to be paid to employees, including relief staff, in your agency for the last completed fiscal year divided by 1957.5.'

**C** Number of Employees on Your Payroll:

**Total**

Enter the total number of persons on your payroll for the last pay period of the last completed fiscal year.

**D** Collective Agreements (if applicable):

Please complete for each collective agreement:

	Union	Date of certification	Current status of agreement	Expiry date (most recent agreement)
<b>AGREEMENT 1</b>				
<b>AGREEMENT 2</b>				

**E**

**Funding Sources:**

Please check major sources of funding based on the fiscal year: from \_\_\_\_\_ to \_\_\_\_\_  
m/y m/y

**Sources of Funds (funding ministries/authorities/organizations)**

- Community Living British Columbia
- Ministry of Attorney General
- Ministry of Children and Family Development
- Ministry of Education
- Ministry of Healthy Living and Sport
- Ministry of Health Services (incl. Regional Health Authorities)
- Ministry of Housing and Social Development
- Ministry of Public Safety and Solicitor General
- Other Provincial Government Ministries
- Federal or Municipal Government Funding
- Client Fees
- Other - Specify: \_\_\_\_\_

**F**

**Summary of Agency Services:**

Briefly describe the services your organization provides.

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**G**

**Community of Interest:**

Please check the following community of interest that best describes the services provided by your agency (select one only).

- Aboriginal Services
- Community Living Services
- Other Services (please specify) : \_\_\_\_\_

Are you a member of another Public Sector Employers' Association? Yes  No

**H** Additional Terms and Conditions:

**Monies Owed to CSSEA**

- (1) Annual fees are effective every April 1<sup>st</sup> for twelve months up to and including March 31<sup>st</sup>.
- (2) An agency granted Associate status between April 1<sup>st</sup> and September 30<sup>th</sup> shall pay the annual fee.
- (3) An agency granted Associate status between October 1<sup>st</sup> and March 31<sup>st</sup> shall pay one-half (1/2) of the first year's annual fees.
- (4) Should an Associate utilize CSSEA's services consistently beyond the average usage of other Associates, CSSEA will advise the Associate and the Associate may be subject to a supplementary assessment at the appropriate rate.
- (5) Invoices for annual fees are payable within thirty (30) days of receipt of the invoice from CSSEA.
- (6) Any monies owed by the Associate to CSSEA are payable within thirty (30) days of receipt of the invoice.
- (7) An Associate will pay CSSEA any expenses incurred by CSSEA on behalf of the Associate during the period of time the agency was an Associate.

**Information Provided to CSSEA**

- (8) As a condition of Associate status, Associates shall be required to provide CSSEA with accurate and current information relating to human resources and labour relations. Such information shall include, but is not limited to, the Associate's contact information, terms and conditions of its employees' employment, compensation and health and welfare data.
- (9) CSSEA agrees to keep individual agency information obtained in (8) above confidential and shall not release this information to a third party without the Associate's consent, unless required by law.

**Conflict Resolution Process**

- (10) Where an Associate claims that CSSEA has acted in a grossly negligent manner in the provision of services or any other term as outlined in this "Application for Associate Status," the Associate shall pursue the complaint initially with CSSEA's Chief Executive Officer for resolution.
- (11) If the complaint is not resolved to the Associate's satisfaction, the Associate shall pursue its dispute pursuant to the *Commercial Arbitration Act*.

**Termination of Services**

- (12) An Associate may terminate the receipt of CSSEA's services and/or its Associate status by providing CSSEA written notification. The Associate shall endeavour to give CSSEA thirty (30) days notice of such request.
- (11) CSSEA may terminate services to an Associate and/or the Associate status of an agency by giving the Associate thirty (30) days notice.
- (13) CSSEA may terminate services to an Associate and/or the Associate status of an agency immediately upon written notification via facsimile if the Associate has breached a term of its Associate status or has acted in a manner that is to the detriment of CSSEA.

**I** Agreement to the Terms and Conditions in this Application:

\_\_\_\_\_  
(Legal name of organization)

hereby applies to become an Associate of the Community Social Services Employers' Association and agrees to be bound by the terms as they exist hereunder or as amended from time to time.

Please indicate the services the agency wishes to purchase:

- Subscription Services
- Consulting Services

\_\_\_\_\_  
Signature of authorized agency representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of authorized agency representative

\_\_\_\_\_  
Title