

**COUNTY OF SAN BERNARDINO HUMAN SERVICES
COMMUNITY BASED ORGANIZATION (CBO) PROGRAM**

CBO Application for 2017-18

CBO Name
 Address
 City State Zip Code
Mailing Address (if different than above) Zip Code
 Phone No. Fax No.
 CBO Website
 CBO Email Address*

**All information and future applications will be sent via an electronic format to the email address above.*

Tax Status Information

Is the CBO a non-profit operating within San Bernardino County? Yes No
 Has the CBO's tax exempt status changed since being issued? Yes No
 If yes, please explain:

Attach additional page as needed

History with San Bernardino County

Does the CBO currently have a CBO Program ID *card? Yes, card #: No
**Please retain your card; the same card number will be utilized through future program years.*
 Does the CBO currently have a contract with the County? Yes No
 If Yes, please list Department(s) and contract number(s):

Authorized Representatives

Surplus Property will only be distributed to the Executive Director and the authorized representatives listed below.

NAME: 1.*	TITLE: *Executive Director/President (*required)
NAME: 2.	TITLE:
NAME: 3.	TITLE:
NAME: 4.	TITLE:

Copies of the following documents must be submitted with the completed Application:

- | | |
|--|------------------------------|
| 1. IRS Tax Exempt Letter | 3. Articles of Incorporation |
| 2. State Franchise Tax Board Exempt Letter | 4. Description of Program |

I certify that the application information and all supportive documentation is current and correct, that the above named representative(s) is/are authorized to sign for and obtain surplus property for the above named CBO, and that the property received will be used to provide services to residents of San Bernardino County. Furthermore, I agree to notify the County immediately upon changes to the authorized representatives and/or to the CBO; and in writing within 10 days of any changes of address, telephone number, fax number, email address, or website. I further understand that County Department requests for surplus property supersede all CBO requests and that there is no guarantee viewed or selected item(s) are or will be available for my organization.

EXECUTIVE DIRECTOR / PRESIDENT SIGNATURE: X _____ **Date:** _____

County Use Only

Issued ID Card Account No. :

Date:

Submit completed documents electronically to: HSCBOSurplusProperty@hss.sbcounty.gov
 OR Hardcopies to: County of San Bernardino, HS Admin Attn: CBO Program
 150 S. Lena Rd., San Bernardino, CA 92415-0515
 OR Fax to: (909) 388-0182