



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

CBO Application for 2011-12

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.*

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: _____

History with San Bernardino County

Does the CBO currently have a CBO Partnership Program ID card? Yes No
Card No.: _____

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.
Please print name(s) and title(s)

Name	Title
1.	Executive Director <i>(Must be completed)</i>
2.	
3.	
4.	

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

<input type="checkbox"/>	1. IRS 501(c)(3) tax exempt letter	<input type="checkbox"/>	3. Articles of Incorporation
<input type="checkbox"/>	2. State Franchise Tax Board exempt letter	<input type="checkbox"/>	4. Description of Programs

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.

Executive Director Signature: _____ Date: _____

County Use Only

Approved Issued ID Card No. : _____ Date: _____

Not Approved Reason: _____ Date: _____

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