Bernardino County Homeless Partnersl

Homeless Provider Network
Registration Form

Instructions: Please submit this form via fax at (909) 890-0868, e-mail homelessrfp@hss.sbcounty.gov , or in person at the Office of Homeless Services 303 E. Vanderbilt Way, Floor San Bernardino, CA 92415.

Date:

Member Name: ☐ (Mr.) ☐ (Ms.)			
Mailing Address:			
City:	State:	Zip:	Phone: ( ) -
E-mail Address:			

Organization Name (if applicable):			
Executive Director: ☐ (Mr.) ☐ (Ms.)			
Business Address:			
City:	State:	Zip:	Phone: ( ) -
E-mail Address:			Fax: ( ) -

Member Representative (Name one Voting and two Alternates)	
Voting Name:	Title:
Alternate Name:	Title:
Alternate Name:	Title:

Regional Meeting (Please identify the primary region where you are interested in serving)		
☐ West Valley	☐ Central Valley	☐ East Valley
☐ Desert and Mountain Communities	(A member may participate in more than one Region)	

Do you provide homeless services to San Bernardino County residents? If no, please provide an explanation of services and service area.	Yes: ☐	No: ☐
Are you a current voting member of the San Bernardino County Interagency Council on Homelessness (ICH)?	Yes: ☐	No: ☐
Will you benefit from financial gain if you are appointed as a HPN Representative? If yes, please provide an explanation.	Yes: ☐	No: ☐

Signature: Date:

For Office Use Only: (Do Not Write Below the Line)

Approved: ☐	Denied: ☐	Log#:	Reviewer Initials:
Comments:			

Rev 2.13.15