San Bernardino County Homeless Partnership
Homeless Provider Network
Registration Form

Instructions: Please submit this form via e-mail to: homelessrfp@hss.sbcounty.gov, or by mail to the Office of Homeless Services – 215 North D Street, Suite 301, San Bernardino, CA 92415-0044

			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:	Email
Alternate Name:	Email:
Alternate Name:	Email:

Regional Meeting (Please identify **ONLY ONE** primary region where you are interested in serving)		
☐Central Valley	☐ Desert Region	☐ East Valley
☐Mountain Region ☐ West Valley	(A member may participate in more than one Region but may Only vote in their primary)	

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:			