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

CBO Application

CBO Name

Address

City Zip Code Phone No.

Mailing Address *(if different than above)* *Zip Code*

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, UNDERSTAND AND AGREE TO THE FOLLOWING: The application information and all supportive documentation is current and correct, the above named representatives are authorized to sign and obtain surplus property for the above named CBO and the property received will be used to provide services to residents of San Bernardino County; and the County will be notified immediately upon changes to this application and in writing within 10 business days. **The CBO further understands County Department requests for surplus property supersede all CBO requests and there is no guarantee viewed or selected item(s) are or will be available to CBOs**.

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

County Use Only

Issued ID Card Account No. : FY:_____ *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