

**SAN BERNARDINO COUNTY 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: San Bernardino County, HS Admin Attn: CBO Program
150 S. Lena Rd., San Bernardino, CA 92415-0515