## Neighborhood Centers Inc.

## SUNNY FUTURES Healthy Start Consortium Application

**Contact Information**

Name: _____ _____ _____
Last First M.I.

Address: _____ _____ _____ _____
Street City State Zip

Phone (Primary): _____ Phone (Alternate): _____ Fax: _____

Email: _____

**Consortium Category (check one)**

Community Participant Program Participant Provider-Clinician/Social Services
Community-based organizations Government Entity – State/Local
Private agencies or organizations(not CBO) Other _____

**Agency Information**

Agency Name: _____

Primary Agency Services: _____

Your Title: _____

Your Primary Responsibilities: Direct Service Supervisory Managerial Director/Administrative Executive Other_____

**Demographics (Check all that apply)**

| **Sex** | **Race** | **Ethnicity** |
|---|---|---|
| ☐ Male | ☐ African American | ☐ Hispanic/Latino |
| ☐ Female | ☐ American Indian | ☐ Not Hispanic/Latino |
| | ☐ Asian | ☐ Unknown |
| | ☐ Caucasian | |
| | ☐ Hawaiian/Pacific Islander | |
| | ☐ Hispanic/Latino Native | |
| | ☐ Other | |
| | ☐ Unknown | |

**Interest Area (Check all that apply)**

☐ Advocacy
☐ Governmental Relations
☐ Prenatal and Interceptional Care
☐ Public Information and Education / Marketing
☐ Data and Research
☐ Sustainability
☐ Other _____

**Information Release**

I, _____, agree to the release of information I have provided to Neighborhood Centers Inc. for program evaluation.

_____ _____
Signature Date

# SUNNY FUTURES Healthy Start
# Consortium Conflict of Interest Statement

**Please respond by marking the correct "yes or no" answer. If any answers are marked "yes", please explain in the space provided below.**

Yes ☐ No ☐ Are you an employee, contractor, or sub-contractor of Neighborhood Centers Inc.?

Yes ☐ No ☐ Is your spouse/significant other or immediate family member an employee, contractor, or sub-contractor of Neighborhood Centers Inc.?

Yes ☐ No ☐ Are you a Board Member for Neighborhood Centers Inc.?

Yes ☐ No ☐ Does the agency you represent contract for services with Neighborhood Centers Inc.?

Yes ☐ No ☐ Will you directly benefit professionally from serving on the SUNNY FUTURES Healthy Start Consortium?

COMMENTS:

_____

_____

_____

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_____

**Please complete and sign indicating the above statements are correct.**

_____ _____

Signature Date

**Return completed form to:**
**SUNNY FUTURES Healthy Start**
**5280 Griggs Road**
**Houston, Texas 77021**
**Phone: (713) 640-7114**
**Fax: (713) 649-2271**