



2022 Organizational Membership Renewal

Thank you for being a valued member of Illinois Collaboration on Youth! Please confirm the following information about your organization is correct. Please add any corrections or missing information directly onto the application. On the last page, you will find the calculation to determine your dues for 2022 and options for payment schedules. Any questions regarding your membership renewal can be sent to Alex Hylka (ahylka@ICOYouth.org).

1. Agency Profile

Agency name:

Billing address:

Mailing address (if different):

Main phone number:

Please list the state legislative districts in which you provide services or the names of the state legislators representing your service area.

Illinois House District(s):

Illinois Senate District(s):

Please list the counties in your service area:



Please list the services you provide that are funded by the following:

Illinois Department of Human Services

Illinois Department of Child and Family Services

Illinois Criminal Justice Information Authority

Illinois Department of Juvenile Justice

Illinois Department Healthcare and Family Services

Other (Medicaid Managed Care, ect.)



1. Agency Profile (continued)

Approximately how many individuals do you serve annually?

Approximately how many children and youth do you serve annually?

How many full-time staff do you employ?

What is your **total** annual budget?

2. Contact Information

CEO/ED (name, title, email address, direct line or mobile):

Who should we contact regarding billing? (name, title, email address direct line or mobile)

We ask that each member to designate two people to commit to being part of our **Quick Response Network**. These people will receive an advocacy alert via email and will need to act on it quickly. (For example, the alert might ask you to call your legislators with a particular message ASAP). Please be sure to include both contacts' **name, title, email address, and phone number**. If you would like to add additional staff from your organization to the QRN, please email Kacy Anderson (kanderson@ICOYouth.org).



3. Organizational Diversity

In effort to promote broader equity and inclusion across our sector, ICOY would like to know the approximate percentage of individuals that come from a historically marginalized race, ethnicity, gender, or sexual orientation who are present on your organization’s board of directors, executive leadership staff, and employees more broadly. This information is not required and can be provided at your discretion.

Board of Directors		Executive Leadership Staff		All Employees	
	0% to 25%		0% to 25%		0% to 25%
	25% - 50%		25% - 50%		25% - 50%
	50% - 75%		50% - 75%		50% - 75%
	75% - 100%		75% - 100%		75% - 100%

If your organization does not collect, have access to, or wish to share this information you may use the space below to tell us why.



1. Dues Worksheet

Please complete the calculation below to determine your annual dues.

1. Current Operating Budget (children and youth services only)

Federal government:	\$ _____
State government:	\$ _____
Local government:	\$ _____
Other youth programs:	\$ _____
Corporations:	\$ _____
Foundations:	\$ _____
Contributions:	\$ _____

Total: \$ _____

x 0.0035 (min. \$500; max. \$9,150)

2022 Standard Dues: \$ _____

2022 Equity & Access Fund contribution: \$ _____

What is the Equity and Access Fund?

Please select a payment schedule:

Last year, your organization contributed:

\$ _____

Pay now in full

Pay in two installments
(due in February and July)

Pay in quarterly installments (due in
February, May, August, and November)

Please make checks payable to Illinois Collaboration on Youth and mail your check and completed application attention Alex Hylka to our office at:

333 S. Wabash, Suite 2750
Chicago, IL 60604

The Illinois Collaboration on Youth Board of Directors reserves the right of approval regarding membership applications and renewals.