



## 2022 Supporting Partner Renewal Application

Thank you for your commitment to Illinois Collaboration on Youth. Please complete this form to renew your membership for the 2022 calendar year. If you have any questions about the information below please contact Alex Hylka ([ahylka@icoyouth.org](mailto:ahylka@icoyouth.org)).

### 1. Agency Profile

Agency name:

Billing address:

Mailing address (if different):

Main phone number:

How many full-time staff do you employ?

What is your **total** annual budget?

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, and broader staff.

	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.

## 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 each member to designate **two people** to commit to being part of our Quick Response Network (QRN). This person should be able to receive an advocacy alert via email and act on it quickly (for example, the alert might ask you to call your legislators with a particular message ASAP). **The individual(s) listed below are your current QRN contacts. If blank, please provide new your new contact(s) name, title, email address, direct line or mobile.**

## 3. Dues

Annual dues for Supporting Partners are **\$ 400**.

2022 Equity & Access Fund contribution: \$ \_\_\_\_\_

### What is the Equity and Access Fund?

Learn more: [http://bit.ly/ICOY\\_Equity\\_Fund](http://bit.ly/ICOY_Equity_Fund)

Last year, your organization contributed:

\$ \_\_\_\_\_

### Please select a payment schedule:

Pay now in full

Pay in two installments  
(due in February and July)

**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.*