

APPLICATION FOR INTERIM ORGANIZATIONAL MEMBERSHIP

IN THE

**TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC.**

**(TACHC)**

# INTERIM ORGANIZATIONAL MEMBERSHIP

Application for Interim Organizational Membership is available to any non-profit corporation or public entity within the State of Texas that is:

* Committed to the purposes of this Association, as stated in TACHC’s Articles of Incorporation; and

* Demonstrates active pursuit of Federally Qualified Health Center (FQHC) status either by seeking a grant made pursuant to Section 330 of the Public Health Service Act, 42 U.S.C. § 254b, or the determination by the Health Resources and Services Administration that the entity is eligible for receiving such grant (i.e., “a Look-Alike”.)

In order for an organization to be admitted to Interim Organizational Membership, it must be reviewed by the Membership Committee and approved by the TACHC Board of Directors. Organizations admitted to the Interim Organizational Membership category will be required to apply for Organizational Membership when they are deemed an FQHC or FQHC Look-Alike to continue membership in TACHC. Interim Organizational Members are limited to one initial 12-month term. The nonprofit corporation or public entity may reapply for Interim Organizational Membership for only one additional 12-month term. Dues for Interim Organizational Membership are established by the TACHC Board of

Directors.

# REVIEW CRITERIA

Eligibility for TACHC Interim Organizational Membership requires evidence of commitment to TACHC’s purposes and the applying organization’s active pursuit of FQHC or FQHC Look-Alike status. TACHC’s Membership Committee and Board of Directors will review this application to determine that it:

* Evidences commitment to TACHC’s purposes as stated in TACHC’s Articles of Incorporation; and

* Demonstrates active pursuit of FQHC Look-Alike or FQHC status by:
  + Providing date of anticipated application for FQHC or FQHC Look-Alike

status; or

* + Providing proof of current Texas Department of State Health Services (TDSHS) Incubator grantee status.

Incomplete applications will not be considered for membership in TACHC.

# GENERAL INFORMATION

Name of Institution or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web-Site (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Executive Officer/Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address for CEO/ED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ACTIVE PURSUIT OF FQHC OR FQHC LOOK-ALIKE STATUS

Please describe the steps your organization is taking that demonstrate the following:

1. **A commitment to the advancement of high-quality ambulatory health care responsive to community needs:**

(*Please limit to 1,000 words*)

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1. **Active pursuit of FQHC or FQHC Look-Alike certification:**

*Examples of demonstrating active pursuit of FQHC or FQHC Look-Alike may include having filed an application with HRSA or having a target date for application, being awarded a Texas DSHS incubator grant, and demonstrating compliance with HRSA requirements for FQHCs (such as having a board with a minimum of 51% consumers that are, as a group, representative of the population being served by your organization, having monthly board meetings, establishing accounting and internal control systems with the accounting system based on Generally Accepted Accounting Principles, and employing a CEO/ED), among others.*

(*Please limit to 1,000 words*)

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**V. SIGNATURES:**

President/Chairperson of Board of Directors:

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| --- | --- | --- | --- |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_ |
| Printed Name      Executive Director/CEO: | Signature |  | Date |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_ |
| Printed Name | Signature |  | Date |

**The above signatories of this application certify that the information provided herein is complete and accurate.**