**Annual Dues Renewal Form**

(For more on dues, also see Article III, Sections 1-6 of the Alliance Bylaws)

**Member Dues**

* Member dues are based on a percentage of organizational income from the most recent fiscal year ended. In the case of an organization that contracts with more than one CCB, the organization has one membership in Alliance based on the combined contract amounts.
* The membership dues assessment for one year is based on a percentage approved by the board of the organization’s income.
* Dues will be based on income derived from HCBS Waiver (DD, SLS, CES), TCM, State General Fund programs and room and board.
* Membership for the fiscal year begins July 1 and ends June 30. If the member is newly accepted during the fiscal year, membership dues will be pro-rated for the current fiscal year.
* The minimum amount of dues required to belong to Alliance is $2,000.00 per year.

**Annual Member Financial Certification**

* Alliance will request certification of income from all new members with the membership application.
* Alliance will request certification of income from all current members on an annual basis.
* Certification of income will be collected every January and dues will be adjusted in July of the same year.
* Member income is the agency’s total IDD waiver and general fund revenue. It is defined as all HCBS Waiver Services (HCBS-DD, HCBS-SLS, HCBS-CES and C-HCBS), Targeted Case Management, , State General Fund (FSSP, State SLS/OBRA, State CM, Management Fee, Early Intervention, Part C, SIS, DD Determination, WL Management, On-Boarding, QA, UR, PASSR, EPSDT) and room and board for the most recently completed fiscal year.
	+ If you are a CCB that bills for PASAs, please subtract the amount of PASA revenue for which your CCBs bills when calculation agency income.

**Member Income Certification**

Member/Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member/ Agency Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Chief Financial Officer or Chief Executive Officer (Signature Required)

**I hereby certify that the income reported above is based complete and accurate and based on income as defined above.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name