

**Stakeholder Commitment and Designation of Representative(s)**

East Texas Human Needs Network (ETHNN) was established as a response to meet needs of enormous scale that transcend the capacity of individual agencies. ​Our members are individuals representing public, private, and faith-based organizations and interested members of our community.

As general evidence of my commitment, I agree to:

* Work together to strengthen programs and connections.
* Improve awareness of services that meet essential human needs.
* Attend regular meetings and participate in special events.
* Support organizations within ETHNN.

Each representative is a vital link in a collaborative community network and as such, shares ideas, concerns, and decisions as well as the development and deployment of resources.

**ETHNN meets every 3rd Tuesday of the month. To register for ETHNN meetings use the QR Code below or visit www.ethnn.org. If you agree to the terms and conditions listed above, please complete the following form.**

What is the mission/vision of your organization?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
|  | | | | | | | |
| Organization Name |  | | | | | | |
| President, Executive Director, or CEO: | First Name | | Last Name | | Email | | Phone |
| Website URL: |  | | | | | | |
| Address: |  | | | | | | |
|  | City | | State | | Zip | | |
| Primary Representative | First Name | | Last Name | | Email | | Phone |
| Second Representative | First Name | | Last Name | | Email | | Phone |
| Third Representative | First Name | | Last Name | Email | | | Phone |
| ETHNN Council: | EDUCATION | HEALTHCARE | | | BEHAVIORAL HEALTH | ECONOMIC  WELLBEING | |
| EMPLOYMENT | HOUSING | | | TRANSPORTATION | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization name) is committed to be an active Stakeholder of East Texas Human Needs Network.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (President, CEO, or Executive Director)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_