

Meeting Participation Payment Form

Homeless and formerly homeless people who have been selected to be consultants and participate in Central MN Continuum of Care (CoC) meetings may request a stipend for sharing their expertise.

Participant Information:

Your Name: _____

Meeting Name: _____

Meeting Date: _____

Meeting Location: _____

Time Started: _____ AM/PM Time Finished: _____ AM/PM

Total Time Attended: _____ hours X \$25.00 per hour =

Total Requested: \$ _____

Payment information:

Make check payable to: _____

Mailing Address: _____ Apt. # _____

City _____ State _____ Zip Code _____

Phone/email (in case of questions): _____

I certify that the information listed above is true to the best of my knowledge. I also certify that I am not being paid for this time from any other source.

Signature: _____ Date: _____

CoC Coordinator: I certify that I have reviewed the participants information listed above and that I have confirmed attendance through meeting minutes or statement by the committee chair. I approve this amount to be paid.

CoC Coordinator Signature: _____ Date: _____

Return completed form by email to: Tim Poland at tpoland@cmhp.net

Or mail to: CMHP, 24707 County Road 75, St. Augusta, MN 56301