



**Thriving Families CA  
AP Agency Application**

**July 1, 2024 - June 30, 2025**

Please complete and note any changes in your agency contact information.

**Agency Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Cell (For Emergencies)** \_\_\_\_\_

**List counties in your service area:**

\_\_\_\_\_

**CEO/Executive Director:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Key Contact:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Voting Delegate:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Data Contact:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fiscal Contact:** \_\_\_\_\_

**Email:** \_\_\_\_\_

| Dues Scale                | Supporting Membership Fees | Champion Membership Fees |
|---------------------------|----------------------------|--------------------------|
| \$1,000,000 & Under       | \$1,100.00                 | \$1,500.00               |
| \$1,000,001-\$2,000,000   | \$1,650.00                 | \$2,250.00               |
| \$2,000,001-\$3,000,000   | \$2,200.00                 | \$3,000.00               |
| \$3,000,001-\$4,000,000   | \$2,750.00                 | \$3,750.00               |
| \$4,000,001-\$5,000,000   | \$3,300.00                 | \$4,500.00               |
| \$5,000,001-\$6,000,000   | \$3,850.00                 | \$5,250.00               |
| \$6,000,001-\$7,000,000   | \$4,400.00                 | \$6,000.00               |
| \$7,000,001-\$8,000,000   | \$4,950.00                 | \$6,750.00               |
| \$8,000,001-\$9,000,000   | \$5,500.00                 | \$7,500.00               |
| \$9,000,001-\$10,000,000  | \$6,050.00                 | \$8,250.00               |
| \$10,000,001-\$11,000,000 | \$6,500.00                 | \$8,250.00               |
| \$11,000,001-\$12,000,000 | \$6,700.00                 | \$9,000.00               |
| \$12,000,001-\$13,000,000 | \$7,150.00                 | \$9,750.00               |
| \$13,000,001-\$14,000,000 | \$7,700.00                 | \$10,500.00              |
| \$14,000,001-\$15,000,000 | \$8,250.00                 | \$11,250.00              |
| \$15,000,001-\$16,000,000 | \$8,800.00                 | \$12,000.00              |
| \$16,000,001-\$17,000,000 | \$9,350.00                 | \$12,750.00              |
| \$17,000,001-\$18,000,000 | \$9,900.00                 | \$13,500.00              |
| \$18,000,001-\$19,000,000 | \$10,450.00                | \$14,250.00              |
| \$19,000,001 & Above      | \$11,000.00                | \$15,000.00              |

**Please read and sign**

1. Agency Membership in TFC is open to all Alternative Payment Program agencies within California.
2. Membership benefits begin with receipt of payment.
3. Membership is July 1 through June 30 fiscal calendar.
4. Membership in TFC is non-refundable. Agency memberships cannot be prorated.

I have read and understand the TFC membership policies, and certify that I have accurately given the correct contract amount for the previous year and calculated my membership fees correctly.

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please give your contracted amount (fiscal year 2023-2024) for both federal and state programs listed below:

|                   | State | Federal |
|-------------------|-------|---------|
| AP Programs       |       |         |
| -CalWORKs Stage 1 | _____ | _____   |
| -CalWORKs Stage 2 | _____ | _____   |
| -CalWORKs Stage 3 | _____ | _____   |
| -CAPP             | _____ | _____   |

Total your MRA (fiscal year 2023-2024) from the programs above.

**Supporting Membership:** a standard level of membership that provides a wide range of tools and resources to support your agency and program advocacy.

**For those wishing to go beyond the supporting membership, please consider becoming a **Champion Member:**** In addition to the Supporting Membership, this level will allow more tailored support of individual agencies, ability to pay for legal, advocacy and social media supports, enhanced regional trainings, improving data collection, and more.

**Membership Level**

- Supporting Membership \$ \_\_\_\_\_
- Champion Membership \$ \_\_\_\_\_
- Advocacy & Communications (Please send invoice)

**Total Due: \$** \_\_\_\_\_

**Return this application with payment to:**  
 Thriving Families CA  
 1435 River Park Dr, Suite 406  
 Sacramento, CA 95815  
 \*Checks should still be made out to CAPP\*  
 If you have questions, call (916) 567-6797

**Thank you!**