

**Greater Fairbanks Community Service
Providers & Volunteers Are Invited to Join Us
for...**

Project Homeless Connect

WHEN

**Wednesday
March 31st, 2010
10:00 AM – 3:00 PM**



**PROJECT
HOMELESS
CONNECT**

LOCATION

**Pioneer Park
Exhibition Hall
Fairbanks, Alaska**

Project Homeless Connect (PHC) is a national initiative sponsored by the U.S. Interagency Council on Homelessness, and is now implemented in over 130 cities across the United States as well as Canada, Puerto Rico and Australia. The mission of **Project Homeless Connect** is to rally Fairbanks North Star Borough service providers and volunteers to support this one-day event and create lasting solutions for individuals & families experiencing homelessness. The Fairbanks Complete Count Committee in partnership with the Fairbanks Homeless Coalition and Unity Outreach, Inc is taking the lead in organizing the event.

Why Participate? Every year, nationally, thousands of community volunteers partner with city government, non-profits and the private sector to provide a one-stop shop of health and human services for homeless individuals & families. By participating, you will be raising awareness of the services you provide in the community and extending the opportunity for the homeless to connect with these services for free. The goal of **Project Homeless Connect** is to provide easy access to services and resources that support the transition of the City's homeless off the streets and/or shelters and into housing.

How to Participate? Please complete and fax or email the attached form to let us know that you plan to participate in **Project Homeless Connect** to: **fax: (907)459-1102 ATTN: PHC Katie Robb, email: Vistaleader@co.fairbanks.ak.us** . If you have any questions, contact Katie Robb at (907) 459-7472.



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PLEASE RSVP NO LATER THAN FEBRUARY 19th 2010

PARTICIPANT INFORMATION FORM

Please complete one form for each individual program from which your agency plans to provide services. The information is important for planning purposes, especially for those agencies providing a wide range of services and information.

Agency Name: _____

Contact Person & Title: _____

Address: _____

City, State, Zip : _____

Contact #: _____ Fax #: _____

Email: _____

Number of People Attending from Program: _____

Number of Tables Needed (Note: Request for more than one (1) tables will be accommodated based upon availability) _____

Number of Chairs Needed: _____

Other Needs: _____

Will you require a private space to perform your services? YES NO

Please provide a brief description of your services for entry in the event brochure (100 word max)
