



## Homeless Coalition of Polk County, Inc.

\*\*\*Please Update your files with our new Address\*\*\*

1815 Crystal Lake Drive, Lakeland, FL 33801

863-687-8386

### 2026 CoC MEMBERSHIP APPLICATION

Please complete this form and the attached Membership Agreement and return with checks made payable to the Homeless Coalition of Polk County. Please contact

Cathy([cathy@polkhomeless.org](mailto:cathy@polkhomeless.org)) for ACH information if needed.

Membership begins upon approval of application and continues through December 31, 2026.

**Check one:**  New  Existing

(New members must attach a copy of the agency's 501(c)3 letter, Articles of Incorporation, and Bylaws.)

For Profit Organization - \$500  Non-Profit Organization - \$300  Religious/Spiritual Organization - \$150

<b>Agency Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>CEO/Director</b>	<b>Email</b>

Members may designate up to three voting members to represent their organization. Each organization is allowed ONE vote on CoC matters presented in meetings and official email.

	<b>Voting Member #1</b>	<b>Voting Member #2</b>	<b>Voting Member #3</b>
<b>Name</b>			
<b>Title</b>			
<b>Phone</b>			
<b>Email</b>			

**Individual Membership - \$50 (waived for persons currently experiencing homelessness)**

<b>Name</b>
<b>Address</b>
<b>Telephone</b>
<b>Email</b>

**Provider Agencies: Please indicate services provided by your organization. This information will be used in the Coordinated Entry referral process, and will be listed on the HCPC website. A more comprehensive list will be available in HMIS to facilitate accurate recordkeeping and reporting.**

## **SERVICES PROVIDED**

<b>Agency</b>
<b>Organization Type</b>  <input type="checkbox"/> Government <input type="checkbox"/> Nonprofit <input type="checkbox"/> Private for-profit <input type="checkbox"/> Faith-based <input type="checkbox"/> Education <input type="checkbox"/> Healthcare <input type="checkbox"/> Law enforcement <input type="checkbox"/> Other (please describe below)
<b>Populations Served (veterans, families, mentally ill, etc.):</b>

- Δ Bathing Facilities
- Δ Birth Certificates/ID
- Δ Case Management
- Δ Child Care
- Δ Clothing
- Δ Consumer Assistance and Protection
- Δ Criminal Justice/Legal Services
- Δ Emergency Shelter
  - Family
  - Individual
  - Domestic Violence
  - Runaway/Youth
  - Hotel/Motel Vouchers
- Δ Employment Training
- Δ Food Pantry
- Δ Laundry Facilities
- Δ Meals
- Δ Medical/Dental Services
- Δ Medical Supplies
- Δ Mental Health Care/Counseling
- Δ Permanent Housing
- Δ Prescription Drug Assistance
- Δ Rental Assistance
- Δ School Supplies
- Δ Substance Abuse Counseling
- Δ Temporary Mailing Address
- Δ Thrift Shop
- Δ Transitional Housing
- Δ Transportation
- Δ Utility Assistance

Additional services not listed above:

**FL-503 LAKELAND/WINTER HAVEN/POLK COUNTY  
CONTINUUM OF CARE**  
**2026 MEMBERSHIP AGREEMENT**

**PURPOSE**

This Agreement is entered into by the Homeless Coalition of Polk County (HCPC), as Lead Agency for the FL-503 Continuum of Care (CoC), and its members. The purpose of this Agreement is to set forth the expectations and responsibilities of HCPC and the members of the FL-503 CoC.

**ROLES AND RESPONSIBILITIES**

**HCPC will:**

- Serve as the CoC Lead Agency responsible for the coordination and oversight of the CoC planning efforts and certain homeless assistance funding applications.
- Provide technical assistance and training to provider agencies to ensure compliance with HUD CoC regulations, standards, guidelines, and best practices.
- Coordinate and leverage the Homeless Management Information System (HMIS) as a data collection tool to capture client-level, system-wide information over time on the characteristics and services needs of the homeless persons to be served within the funded programs.
- Coordinate, integrate, and leverage resources to maximize impact of services for individuals who are homeless.
- For provider agencies with CoC, Emergency Solution Grant (ESG), or State-funded contracts, monitor programmatic and financial management to ensure compliance with funder regulations, standards, and guidelines.
- Operate in accordance with all CoC approved policies & procedures.

**Members will:**

- Participate in the annual Point-In-Time Count by providing at least one person to volunteer on the day of the count.
- Participate in one or more CoC committees and workgroups.
- Attend monthly CoC General Membership meetings (at least seven meetings per year).

**In addition, provider agency members will:**

- Send staff representatives to relevant CoC training opportunities.
- Participate in the HMIS data system including any mandatory training and meetings.
- Participate fully in the Coordinated Entry System and follow related CoC policy and procedure.
- Agree to site and/or monitoring visits and to provide all necessary information and documentation as requested by HCPC to ensure compliance with HUD and CoC standards of care.
- Operate all CoC, ESG, and State-funded programs in accordance with CoC approved policies & procedures.

**Homeless Coalition of Polk County, Inc.**

**Member Organization**

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Bridget Engleman, Executive Director

Date

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Signature

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Date

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Printed Name, Title

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Name of Organization (if applicable)