



## 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.

	Voting Member #1	Voting Member #2	Voting Member #3
Name			
Title			
Phone			
Email			

☐ **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>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Government</div> <div style="width: 50%;"><input type="checkbox"/> Nonprofit</div> <div style="width: 50%;"><input type="checkbox"/> Private for-profit</div> <div style="width: 50%;"><input type="checkbox"/> Faith-based</div> <div style="width: 50%;"><input type="checkbox"/> Education</div> <div style="width: 50%;"><input type="checkbox"/> Healthcare</div> <div style="width: 50%;"><input type="checkbox"/> Law enforcement</div> <div style="width: 50%;"><input type="checkbox"/> Other (please describe below)</div> </div>
<b>Populations Served (veterans, families, mentally ill, etc.):</b>

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>△ Bathing Facilities</li> <li>△ Birth Certificates/ID</li> <li>△ Case Management</li> <li>△ Child Care</li> <li>△ Clothing</li> <li>△ Consumer Assistance and Protection</li> <li>△ Criminal Justice/Legal Services</li> <li>△ Emergency Shelter               <ul style="list-style-type: none"> <li>○ Family</li> <li>○ Individual</li> <li>○ Domestic Violence</li> <li>○ Runaway/Youth</li> <li>○ Hotel/Motel Vouchers</li> </ul> </li> <li>△ Employment Training</li> <li>△ Food Pantry</li> </ul> | <ul style="list-style-type: none"> <li>△ Laundry Facilities</li> <li>△ Meals</li> <li>△ Medical/Dental Services</li> <li>△ Medical Supplies</li> <li>△ Mental Health Care/Counseling</li> <li>△ Permanent Housing</li> <li>△ Prescription Drug Assistance</li> <li>△ Rental Assistance</li> <li>△ School Supplies</li> <li>△ Substance Abuse Counseling</li> <li>△ Temporary Mailing Address</li> <li>△ Thrift Shop</li> <li>△ Transitional Housing</li> <li>△ Transportation</li> <li>△ Utility Assistance</li> </ul> |
|--|--|

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**

\_\_\_\_\_  
Bridget Engleman, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name, Title

\_\_\_\_\_  
Name of Organization (if applicable)