



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

**2024 CoC MEMBERSHIP APPLICATION**

Please complete this form and the attached Membership Agreement and return with payment to the Homeless Coalition of Polk County.

Membership begins upon approval of application and continues through December 31, 2024.

**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>

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

Additional services not listed above:

**FL-503 LAKELAND/WINTER HAVEN/POLK COUNTY  
CONTINUUM OF CARE  
2024 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)