

Orange County Continuum of Care Membership Information

The Orange County CoC serves as the HUD-designated primary decision making group whose primary purpose and scope is to implement the CoC program. The program is designed to promote countywide commitment to the goal of ending homelessness, promote funding efforts, promote access to mainstream benefits and optimize self-sufficiency among individuals and families experiencing homelessness.

Membership Information:

- Membership in the CoC is open to all organizations and individuals seeking to prevent and end homelessness in Orange County
- Membership application must be completed
- CoC voting privileges are contingent upon membership
- Members are expected to disclose any and all conflicts of interest and, when appropriate, recuse themselves from discussions and/or voting
- One membership=one vote
- The use of proxies is not allowed
- Organizations may have more than one representative attend meetings should designate the voting member and alternate(s)
- There are two types of memberships: Organizational and Individual. These provisions create an opportunity for individual stakeholders to participate without duplicating organizational representation
- Organizational members:
 - May designate up to 3 persons annually who are authorized to represent the organization.
 - An authorized representative must have sufficient authority to speak and vote on behalf of the organization
 - An organizational representative may represent only one organization
 - Each organization holds only one vote
- Individual members:
 - May not designate additional persons to represent them
 - Individuals who have a recognized role in a member organization (such as employees, board members, consultants, or current service recipients) may become individual members but may not vote
 - Individuals with formal organizational affiliations such as those noted above may be selected to represent the organization with which they are affiliated.

Membership information will be updated on an annual basis. Membership is based upon organizations participating in the CoC by having representatives actively participate in the CoC board, committees, and working groups. Membership is achieved through a request to be added to the CoC and a commitment to actively participate in the responsibilities of the CoC. Organizations are required to fill out a membership form prior to recognition as an active organization. Meeting attendance is documented for regional CoC grant efforts.

Completed applications can be emailed to CareCoordination@ocgov.com.

Orange County Continuum of Care Agency Membership Application

Name of Organization:

Address:

City:

Zip:

Agency Website:

Agency Phone:

Name and Title of Authorized CoC Representative:

Email:

Phone:

Name and Title of Alternate #1:

Email:

Phone

Name and Title of Alternate #2:

Email:

Phone

Member Affiliations/Conflict of Interest:

Members are required to disclose interest in all programs and agencies in which they have, or a member of their family have, an interest in, financial or otherwise, whether as owner, fiduciary, employee, consultant, supplier of goods or services, or contractor. At any time an issue or matter for which a member may have a conflict of interest, he/she shall abstain from voting and discussion on the matter and fully disclose the nature of their conflict of interest.

Members must comply with the conflict of interest and recusal process found in Appendix B of the Governance Charter per the HEARTH Act Interim Rule (578.95)

Please identify any conflicts of interest for any of the representatives listed in this application.

In the space below, identify any authorized representatives with a conflict of interest including The name of organization, affiliation and role of the representative, and nature of the conflict of interest(s):

I hereby apply for organizational membership in the Orange County Continuum of Care and agree to abide by the Continuum of Care Governance Charter and Terms of Membership.

SIGNATURE OF AUTHORIZED REPRESENTATIVE (if different than Executive Director):

SIGNATURE OF ALTERNATE REPRESENTATIVE:

SIGNATURE OF ALTERNATE REPRESENTATIVE

EXECUTIVE DIRECTOR SIGNATURE:

Signature:

Date:

Orange County Continuum of Care Individual Membership Application

Name of Individual:

Address:

City:

Zip:

Phone:

Email:

Member Affiliations/Conflict of Interest:

Members are required to disclose interest in all programs and agencies in which they have, or a member of their family have, an interest in, financial or otherwise, whether as owner, fiduciary, employee, consultant, supplier of goods or services, or contractor. At any time an issue or matter for which a member may have a conflict of interest, he/she shall abstain from voting and discussion on the matter and fully disclose the nature of their conflict of interest.

Members must comply with the conflict of interest and recusal process found in Appendix B of the Governance Charter per the HEARTH Act Interim Rule (578.95)

If the individual(s) included in this membership are affiliated with one or more organizational member of the CoC, please identify the organization(s) and relationship(s) below.

I hereby identify that I have an interest in the following programs or agencies:

Name of Organization #1:

I am a Board Member Contractor Employee Volunteer

Other _____

Name of Organization #2:

I am a Board Member Contractor Employee Volunteer

Other _____

Name of Organization #3:

I am a Board Member Contractor Employee Volunteer

Other _____

Please attach additional organizations if needed.

I hereby apply for membership in the Orange County Continuum of Care and agree to abide by the Continuum of Care Governance Charter and Terms of Membership.

APPLICANT SIGNATURE:

Applicant Signature:

Date: