

# LOUISVILLE/JEFFERSON COUNTY CONTINUUM OF CARE MEMBERSHIP FORM

## Continuum of Care Membership and Purpose

The Louisville/Jefferson County Continuum of Care is composed of representatives of organizations including: nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

The Continuum of Care (CoC) is the group organized to carry out the responsibility prescribed in the CoC Program Interim Rule for the defined geographic area of Jefferson County, KY.

The purpose of the CoC Program is to:

1. Promote community-wide commitment to the goal of ending homelessness;
2. Provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals and families while minimizing the trauma caused to homeless individuals, families, and communities by homelessness;
3. Promote access to and effective utilization of mainstream programs by homeless individuals and families; and
4. Optimize self-sufficiency among individuals and families experiencing homelessness.

## Membership Time Frame

New members are eligible to join at any point during the year by contacting the CoC Lead and completing the required membership form. All existing members will renew annually for the term of one year. Membership in CoC is open to any nonprofit, for profit, individual, or governmental entity that is committed to ending homelessness or assisting people who are homeless or at risk of becoming homeless.

Membership to the Continuum of Care is free and open to all who are interested.

**\*\*\*Completed membership forms should be submitted to [ejohns@louhomeless.org](mailto:ejohns@louhomeless.org).\*\*\***

## Are you requesting membership as an agency or as an individual?

Note: individuals who are employed at CoC member agencies are not eligible for individual membership.

Agency

Individual

**Name of Agency, if applicable:**

**Primary Contact**

Name:

Email:

Phone:

**Secondary Contact**

Name:

Email:

Phone:

**Grant Application Point of Contact, if a current CoC funded agency, or planning to apply for funds in the next year**

Name:

Email:

Phone:

**Primary HMIS Point of Contact, if your agency utilizes HMIS**

Name:

Email:

Phone:

**What CoC Committees are you or your agency willing to serve on? If there is a committee you would like to propose, please list it below.**

Performance Improvement Committee

HMIS Data Committee

YHDP Case Conferencing

Other proposed committee

**Please list the name and email of all individuals at your organization who should be included on the CoC Listserv**

Name	Email

**Please select all categories which apply to you or your organization**

<input type="checkbox"/>	Affordable Housing Developer
<input type="checkbox"/>	Agency Serving Survivors of Human Trafficking
<input type="checkbox"/>	CDBG/HOME/ESG Entitlement Jurisdiction
<input type="checkbox"/>	Disability Advocates
<input type="checkbox"/>	Disability Service Organizations
<input type="checkbox"/>	Domestic Violence Advocates
<input type="checkbox"/>	EMS/Crisis Response Team
<input type="checkbox"/>	Homeless or Formerly Homeless Persons
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>	LGBTQ Advocates
<input type="checkbox"/>	LGBTQ Service Organizations
<input type="checkbox"/>	Local Government
<input type="checkbox"/>	Local Jails
<input type="checkbox"/>	Mental Health Service Organizations
<input type="checkbox"/>	Mental Illness Advocates

	Organization led by and serving Black, Brown, Indigenous and other People of Color
	Organization led by and serving LGBTQ persons
	Organizations led by and serving people with disabilities
	Other homeless subpopulation advocates
	Public Housing Authorities
	School Administrators/Homeless Liaisons
	Street Outreach Team(s)
	Substance Abuse Advocates
	Substance Abuse Service Organizations
	Victim Service Providers
	Youth Advocates
	Youth Homeless Organizations
	Youth Service Providers

### **Member Responsibilities**

1. Vote on official issues of business before the CoC.
2. Have an agency representative attend quarterly CoC Meetings.
3. Have an agency representative participate in at least one CoC Committee.
4. Have an agency representative attend required CoC trainings.
5. Provide data as need for the annual Point-in-Time Count and Housing Inventory Chart within the timeframe determined by the CoC Lead.
6. Fully participate in the Coordinated Entry process, as applicable.
7. Participate in the Homeless Management Information System, as applicable.
  - a. If HMIS participating, attend quarterly HMIS user group meetings.
  - b. If HMIS participating, ensure data entry is complete and in accordance with HUD Data Standards.
  - c. If HMIS participating
8. If receiving CoC funding:
  - a. Respond to Monitoring requests in a timely manner.
  - b. Responding to any Monitoring findings within 30 days or request an extension within 30 days.
  - c. Respond to any inquiries regarding spenddown of CoC funding in a timely manner.
  - d. Provide information needed to confirm and update the Grant Inventory Worksheet and annual Point-in-Time Count.
  - e. Adhere to any applicable guidelines in the Continuum of Care Policies and Procedures.
  - f. Inform the CoC Lead agency to any significant changes in CoC funded projects, including, but not limited to, program design, capacity, financial status, ability to use CoC funds, major changes in agency policy, etc.
9. Operate programming in accordance with all applicable regulations and laws, including applying for necessary licensing as dictated by Louisville/Jefferson County Metro Government.
10. If providing services to persons experiencing or at risk of homeless ensure services are delivered in a professional manner that treats all persons with dignity and respect.

## Voting Policy

In order to vote on items of business before the Continuum of Care the following requirements must be met:

1. Each membership entity will designate a primary and secondary contact for the purpose of voting.
2. Only one vote may be cast per membership entity.
3. A new membership entity must attend at least one quarterly CoC meeting before casting a vote.
4. Renewal membership entities must have attended 3 out of 4 previous quarterly CoC meetings in order to maintain voting status.
5. A membership entity may not vote on any issue regarding a project where they entity had a financial interest or other documented conflict of interest.

Votes may be submitted using a virtual method, such as Google Forms or Survey Monkey and must be submitted by the primary or secondary contact. In the event of more than one vote by a membership entity the vote received last will be counted and previous votes discarded.

## Withdrawal and Removal of Membership

A member may withdraw from the CoC at any time by submitting a letter of withdrawal to the Continuum of Care Lead Agency.

Any member may be removed from the CoC by a vote of a two-thirds majority of the Board of Directors. Removal is effective only if it occurs at a meeting called for that purpose. Complaints that could result in removal will be submitted to the Continuum of Care Lead Agency and then presented to the CoC Board of Directors. A representative of the organization or individual recommended for removal shall have the opportunity to speak on their behalf prior to a vote of the CoC Board of Directors. The Board of Directors may deliberate without the representative of the member recommended for removal present prior to the vote of the CoC Board of Directors. At the discretion of the CoC Board of Directors a member facing removal may be provided with a corrective action plan to maintain membership.

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Name:

Title:

Organization:

Signature:

Date:

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