

Orange County Continuum of Care Organizational General Membership Application

The Orange County Continuum of Care (CoC) serves as the Department of Housing and Urban Development (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, advance funding efforts, advance access to mainstream benefits, and optimize self-sufficiency among individuals and families experiencing homelessness.

CoC General Membership Information:

Membership is based upon organizations participating in the CoC by having representatives actively participate in the CoC board, committees, and working groups. Individual stakeholders not representing an organization are also eligible for membership. Membership is achieved through a request to be added to the CoC through a membership application form and a commitment to actively participate in the responsibilities of the CoC. The Office of Care Coordination, as the CoC Administrative Entity, must review and process membership application forms prior to recognition as an active organization or individual member. Meeting attendance at CoC meetings is documented for regional CoC grant efforts. Additional details are included below.

- Membership in the CoC is open to all organizations and individuals seeking to prevent and end homelessness in Orange County
- CoC voting privileges are contingent upon membership
- Members are expected to disclose all conflicts of interest and, when appropriate, recuse themselves from discussions and/or voting
- The use of proxies is not allowed

Organizational Members:

- May designate up to three (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
- Organizations that have more than one representative attend meetings should designate the voting member and alternate(s)

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

Application Submission Information:

Completed CoC General Membership applications can be sent to the Office of Care Coordination at CareCoordination@ceo.oc.gov with the subject line "CoC Membership Form".

**Orange County Continuum of Care
Organizational General Membership Application**

Name of Organization:

Address:

City:

Zip:

Organization Website:

Organization Phone:

Name and Title of Authorized CoC Representative:

Email:

Phone:

Name and Title of Alternate Representative #1:

Email:

Phone:

Name and Title of Alternate Representative #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. When there is an issue or matter for which the member may have a conflict of interest, that member shall abstain from voting and discussion on the matter and fully disclose the nature of the conflict of interest.

Members must comply with the conflict of interest and recusal process found in Attachment A of the Governance Charter per the Homeless Emergency Assistance and Rapid Transition to Housing (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:

SIGNATURE OF ALTERNATE REPRESENTATIVE #1:

SIGNATURE OF ALTERNATE REPRESENTATIVE #2:

EXECUTIVE DIRECTOR SIGNATURE:

Signature:

Date: