**Central Sierra Continuum of Care**

**General Membership Application**

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| Instructions: Please submit this form via email: dcloward@atcaa.org; or in person at 10590 Highway 88, Jackson, CA 95642.  |

***CHOOSE INDIVIDUAL OR ORGANIZATION OR TRIBAL ENTITY***

**□ Individual**

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| Name: Date: |
| Phone: Email: |
| Service Area You Represent: |

**□ Organization**

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| Organization Name: Date: |
| Representative: Title:  |
| Phone: Email: |
| Alternate Designee: Title:  |
| Phone: Email: |
| Service Area You Represent: |

**□ Tribal Entity**

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| Tribal Entity Name: Date: |
| Representative: Title:  |
| Phone: Email: |
| Alternate Designee: Title:  |
| Phone: Email: |
| Tribe You Represent: Federally Recognized? YES / NO State Recognized? YES / NO |

**Authorized Voting Representatives**

Individual Members - The use of proxies is not allowed. Individuals who have a recognized role in a member organization (i.e., 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.

Organizational Members - For organizations interested in obtaining voting rights, please list a voting representative and one (1) alternate designee who are authorized to vote on behalf of your organization. Please note that per CSCoC’s Governance Charter, each eligible organization only receives one vote. The voting member representative (or designee) is expected to attend a minimum of 50% of general meetings and participate in one (1) subcommittee each year.

Tribal Members - For tribes or tribally designated housing entities (TDHE) interested in obtaining voting rights, please list a voting representative and one (1) alternate designee who are authorized to vote on behalf of your tribe. Please note that per CSCoC’s Governance Charter, each eligible tribal entity only receives one vote. The voting member representative (or designee) is expected to attend a minimum of 50% of general meetings and participate in one (1) subcommittee each year.

**Community Representation**

*PLEASE SELECT THE BEST CATEGORY ORGANIZATION YOU REPRESENT (CHECK ALL THAT APPLY)*

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| --- | --- | --- | --- | --- |
|  | Domestic Violence Advocates |  |  | Faith-Based Organizations |
|  | Homeless or Formerly Homeless Persons |  |  | Businesses |
|  | Local Government Staff/Officials |  |  | Public Housing Agencies |
|  | Mental Health Service Organizations |  |  | School Districts |
|  | Mental Illness Advocates |  |  | Social Service Providers |
|  | Affordable Housing Developers |  |  | Hospitals |
|  | Street Outreach Teams |  |  | Universities |
|  | Substance Abuse Advocates |  |  | Law Enforcement |
|  | Local Jail |  |  | Mental Health Agencies |
|  | LGBTQ+ Service Organizations |  |  | Organizations that Serve Veterans |
|  | EMS/Crisis Response Teams |  |  | Substance Abuse Service Organizations |
|  | Nonprofit Homeless Assistance Providers |  |  | Tribal Entities or TDHE |
|  | Agencies that serve survivors of human trafficking |
|  | ***CSCoC Funded Victim Service Providers*** |
|  | ***CSCoC Funded Youth Homeless Organizations*** |

*PLEASE SELECT THE COMMITTEE(S) YOU ARE INTERESTED IN SERVING*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Governing Board |  |  | Coordinated Entry & HMIS |
|  | Governance/Strategic Planning |  |  | ESG and Other Funds |
|  | Point in Time |  |  | Review/Rank & Fund Committee |
|  | Veterans Action Team |  |  | Youth Advisory Committee |

**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 arises, they 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 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.

If an individual applying for membership is affiliated with one or more organizational members of the CSCoC (and is not applying as a representative of that organization), please identify the organization(s) and relationship(s) below:

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

Organization #1:

I am a: ⃝ Board Member ⃝ Contractor ⃝ Employee ⃝ Volunteer ⃝ Other:

Organization #2:

I am a: ⃝ Board Member ⃝ Contractor ⃝ Employee ⃝ Volunteer ⃝ Other:

Organizations must also identify any conflicts of interest for their alternates. Please attach additional organizations or pages if needed.

***I hereby apply for general membership in the Central Sierra Continuum of Care and agree to abide by the Continuum of Care Governance Charter and Terms of Membership.***

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| **APPLICANT SIGNATURE / SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE** |
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| **SIGNATURE OF ALTERNATE DESIGNEE (IF APPLICABLE) DATE** |
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