

129 West Fowlkes Street Ste 124
Franklin, TN 37064
615.790.5556 X8952
615.595.1215
centraltn503.org



MEMBERSHIP APPLICATION

According to HUD, a Continuum Of Care (CoC) is “a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. HUD identifies four necessary parts of a continuum to end and prevent a return to homelessness:

- Outreach, intake, and assessment in order to identify service and housing needs and provide a link to the appropriate level of both;
- Emergency shelter to provide an immediate and safe alternative to sleeping on the streets, especially for homeless families with children;
- Transitional housing with supportive services to allow for the development of skills that will be needed once permanently housed; and
- Permanent supportive housing to provide individuals and families with an affordable place to live with services if needed.

CoCs are tasked to track and manage the homeless community in their area. One of the most important activities entrusted to CoCs is the biannual count of the homeless population and an annual enumeration of emergency systems, transitional housing units, and beds that make up the homeless assistance systems. These counts provide an overview of the state of homelessness in a CoC, and offer the information necessary to redirect services, funding, and resources as necessary.

The Central TN 503 CoC covers 19 counties including: Montgomery, Robertson, Sumner, Trousdale, Cheatham, Dickson, Perry, Hickman, Williamson, Lewis, Maury, Marshall, Bedford, Coffee, Wayne, Lawrence, Giles, Lincoln, and Moore.





The CoC collaborative applicant (CHP) is responsible for the coordination and oversight of the Central TN 503 CoC planning efforts, and has the authority to certify and submit the CoC homeless assistance funding application.

In order to gain partnership status (which includes voting rights and the ability to be nominated as a Provider Representative on the Central TN 503 CoC Steering Committee, the following is required:

1. Designate up to two (2) representatives from your organization with decision-making authority for quarterly meetings and exercise voting rights. Email contact information of designated representatives to rae@chpwc.org.
2. A designated representative must attend 75% (3 out of 4) of the scheduled Provider Input Meetings as verified by sign-in at the start of each meeting.
3. Organizations will sign and submit to the Central TN 503 CoC a Memorandum of Understanding (MOU) with The CHP Central TN 503 CoC collaborative applicant (CHP) in order to validate organizational alignment with the goals and policies of the Central TN 503 CoC.
4. To sign up for CoC email connection which will ensure that you/your agency receives timely communications from and about COC regarding meetings, initiatives, workgroups, and more visit <http://www.centraltn503.org>.
5. To be added to our Funding Opportunities email list to get notified about the newest funding opportunities available email rae@chpwc.org.

We are excited about your interest and look forward to working with you as we prevent and end homelessness in our community!

Please visit CentralTN503.org for more information regarding the CoC and our recent activities. We look forward to seeing you at the next Provider Input Meeting.

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MEMBERSHIP APPLICATION

Please choose one:

- New Member**
- Renewing Member since: _____ (year)**

Organization:

<i>Website:</i>			
<i>Mailing Address:</i>	Street:		
	City:	Zip:	
<i>Phone:</i>	() -	Fax:	() -

CoC Attendees / Committee Representatives:

<i>Executive Director/CEO:</i>	Name:	
	Email:	
<i>Primary Representative:</i>	Name:	
	Email:	
<i>Alternate Representatives:</i>	Name:	
	Email:	
	Name:	
	Email:	
	Name:	
	Email:	
	Name:	
	Email:	

Committee Interest *(Please check at least one box)*

- | | |
|---|---|
| <input type="checkbox"/> Point-in-Time Committee | <input type="checkbox"/> Executive Committee |
| <input type="checkbox"/> Rank and Review Committee | <input type="checkbox"/> HMIS Data Committee |
| <input type="checkbox"/> Compliance Committee | <input type="checkbox"/> Health Councils Committee |
| <input type="checkbox"/> Strategic 10 Year Committee | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Coordinated Entry Committee | |

* CoC committee commitment is a requirement of HUD regulations.
 * Must be completed.
 ** This individual has authority on behalf of the organization when a coalition issue requires a membership vote
 *** This person has the authority to vote in the absence of the primary representative.

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CONFLICT OF INTEREST DISCLOSURE POLICY ACKNOWLEDGMENT AND DISCLOSURE STATEMENT

The undersigned person, who has been appointed or elected to serve the Central TN (503) Continuum of Care in the capacity reflected above, hereby confirms that the undersigned has read and does understand the Central TN (503) Continuum of Care's Conflict of Interest Policy as outlined in the Central TN (503) Continuum of Care Governance Charter and has received a copy of that Charter for present and future reference.

The undersigned agrees to take appropriate action with respect thereto, including initiative in disclosing activities, interests or relationships wherever an actual or potential conflict of interest may exist, and to otherwise comply in all respects with the Conflicts of Interest Policy.

Consistent with the foregoing, the undersigned makes the following disclosure of any and all Interests as defined in the Conflicts of Interest Policy, in accordance with applicable reporting responsibilities (if none, please write "NONE"):

Printed Name

Position

Signature

_____/_____/_____
Date