



**If an organization, who will serve as CoC member:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of person who enters data in NC-HMIS Database and/or DV Comparable Database:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

---

**Section 2: Acknowledgement of Membership Agreement**

Please check each of the following boxes in acknowledgement of each statement below. This Membership Agreement shall continue until December 30, 2020 provided only that it may be terminated in writing by mutual agreement of each of the parties. Any Party of the agreement may also choose to withdraw from the agreement by giving one month's written notice to other Parties.

I/My organization would like to be a member of the NC-509 Gaston-Lincoln-Cleveland Continuum of Care (GLC-CoC), a broad base of community partners that work diligently to meet the needs of the homeless population in Gaston, Lincoln, and Cleveland Counties, NC.

I/My organization understand(s) that the GLC-CoC speaks as one voice and through mutual support and recognition of each member as part of a larger whole, the community is better able to meet the needs of individuals and families experiencing homelessness and foster the systematic change necessary to break the cycle of homelessness, by responding to the needs of the community.

I/My organization will work as a part of the GLC-CoC to plan, develop, and implement collaborative services designed to provide needed care and create systematic change within the community.

I/My organization recognizes that communicating with the media regarding the Continuum of Care is done by the GLC-CoC Executive Committee members and designated CoC staff; and members agencies shall defer all questions directly to the above mentioned parties. Agencies may talk about their partnership with the GLC-CoC.

If I/my agency chooses to participate in competitive private and/or governmental funding opportunities\* and/or requests letters of support for funding, I understand that it is I/my organization's obligation to actively participate in the GLC-CoC for a minimum of one (1) year before and for the duration of funding. This will include **active participation in 75% of GLC-CoC meetings/activities**, participation on committees, year round work on refining the NC-509 Continuum of Care, active participation in the North Carolina Homeless Information System (NC-HMIS) or comparable DV database, and providing assistance in the HEARTH Act implementation process. (\*Examples of typical funding opportunities affiliated with the GLC-CoC include but are not limited to: HUD's annual CoC Notice of Funding Availability (NOFA), NC Department of Health and Human Services/Emergency Solutions Grant Program (ESG), Housing Opportunities for People with AIDS (HOPWA), etc.).

I/My organization will participate fully with the planning, organization, and implementation of the Coordinated Assessment and Intake process (referred to as Coordinated Entry) to assist with housing persons and families experiencing homelessness. The Assessment and Intake process will include full utilization of the VI-SPDAT prescreening tool and the full SPDAT assessment tool upon agency engagement with a homeless client or family.

**Note: This acknowledgment must be signed by the Individual for Individual Membership; and the President/Executive Director of the organization, if an Organizational Membership.**

Date: \_\_\_\_\_  
(MM/DD/YYYY)

Individual Signature: \_\_\_\_\_

Organization Name: \_\_\_\_\_

President/Executive Director Name: \_\_\_\_\_

President/Executive Director Signature: \_\_\_\_\_

---

### Section 3: Organization Program Information

Directions: To be completed by all organizations which provide a direct service to individuals and / or families experiencing homelessness in Gaston-Lincoln-Cleveland Counties. The following questions are specific to programs offered by your organization. This information will be used to help connect people in need of services with the proper agencies and ensure that accurate information about resources in the three-county area is available to the community.

Program Name 1: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Program Contact Person/Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Program Description: \_\_\_\_\_

\_\_\_\_\_

Intake/ Application Process (i.e. referral from provider, walk-in, call for appointment, etc.):

\_\_\_\_\_

\_\_\_\_\_

Eligibility Criteria (i.e. must be working, have mental illness, families with no male over 13, income guidelines, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Impact area (select all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Health</b>                     | <input type="checkbox"/> <b>Emergency Assistance</b>      | <input type="checkbox"/> <b>Housing</b>             |
| <input type="checkbox"/> <b>HIV/AIDS</b>                   | <input type="checkbox"/> Clothing                         | <input type="checkbox"/> <b>Emergency Shelter</b>   |
| <input type="checkbox"/> <b>Medical Clinic</b>             | <input type="checkbox"/> Furniture                        | <input type="checkbox"/> Youth                      |
| <input type="checkbox"/> <b>Mental Health</b>              | <input type="checkbox"/> Financial                        | <input type="checkbox"/> Single Adults              |
| <input type="checkbox"/> Outpatient Counseling             | <input type="checkbox"/> Hot Meals                        | <input type="checkbox"/> Male                       |
| <input type="checkbox"/> Inpatient Counseling              | <input type="checkbox"/> Food Pantries                    | <input type="checkbox"/> Female                     |
| <input type="checkbox"/> Crisis & Emergency Care           | <input type="checkbox"/> Medication                       | <input type="checkbox"/> Families                   |
| <input type="checkbox"/> Support Groups                    | <input type="checkbox"/> <b>Day Centers</b>               | <input type="checkbox"/> <b>Domestic Violence</b>   |
| <input type="checkbox"/> Community Support Team            | <input type="checkbox"/> <b>Community Wide Coalitions</b> | <input type="checkbox"/> Male                       |
| <input type="checkbox"/> Assertive Community Treatment     | <input type="checkbox"/> Developmental Disabilities       | <input type="checkbox"/> Female                     |
| <input type="checkbox"/> Assessment                        | <input type="checkbox"/> Foster Care                      | <input type="checkbox"/> Families                   |
| <input type="checkbox"/> <b>Substance Abuse</b>            | <input type="checkbox"/> Early Childhood                  | <input type="checkbox"/> <b>Veteran</b>             |
| <input type="checkbox"/> Non- Hospital Detox               | <input type="checkbox"/> Health Care                      | <input type="checkbox"/> Male                       |
| <input type="checkbox"/> Out- Patient Treatment            | <input type="checkbox"/> HIV/AIDS                         | <input type="checkbox"/> Female                     |
| <input type="checkbox"/> Residential < 30 days             | <input type="checkbox"/> Homelessness                     | <input type="checkbox"/> <b>Permanent Housing</b>   |
| <input type="checkbox"/> Residential > 30 days             | <input type="checkbox"/> Mental Health                    | <input type="checkbox"/> Families                   |
| <input type="checkbox"/> Hospital Inpatient                | <input type="checkbox"/> Obesity                          | <input type="checkbox"/> Male                       |
| <input type="checkbox"/> Support Groups                    | <input type="checkbox"/> Pregnancy Prevention             | <input type="checkbox"/> Female                     |
| <input type="checkbox"/> <b>Education &amp; Employment</b> | <input type="checkbox"/> Substance Abuse                  | <input type="checkbox"/> <b>Traditional Housing</b> |
| <input type="checkbox"/> GED                               | <input type="checkbox"/> Other                            | <input type="checkbox"/> Youth                      |
| <input type="checkbox"/> Literacy                          |   | <input type="checkbox"/> Male                       |
| <input type="checkbox"/> Vocational Counseling             |   | <input type="checkbox"/> Female                     |
| <input type="checkbox"/> Vocational Education              |   | <input type="checkbox"/> Single Adults              |
|  |   | <input type="checkbox"/> Families                   |
|  |   | <input type="checkbox"/> <b>Chronic Homeless</b>    |

Does the organization/person serve in any of the following capacities: (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Affordable Housing Developer(s)                     | <input type="checkbox"/> Agencies that Serve Survivors of Human Trafficking |
| <input type="checkbox"/> CDBG/HOME/ESG Entitlement Jurisdiction              | <input type="checkbox"/> Disability Advocate(s)                             |
| <input type="checkbox"/> Disability Service Organization(s)                  | <input type="checkbox"/> Domestic Violence Advocate                         |
| <input type="checkbox"/> EMS/Crisis Response Team(s)                         | <input type="checkbox"/> Homeless or Formerly Homeless Persons (PWLE)       |
| <input type="checkbox"/> Hospital(s)   | <input type="checkbox"/> Law Enforcement                                    |
| <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender (LGBT) Advocate | <input type="checkbox"/> LGBT Service Organization                          |
| <input type="checkbox"/> Local Government Staff/Officials                    | <input type="checkbox"/> Local Jail(s)                                      |
| <input type="checkbox"/> Mental Health Service Organization(s)               | <input type="checkbox"/> Mental Illness Advocate(s)                         |
| <input type="checkbox"/> Other Homeless Subpopulation Advocates              | <input type="checkbox"/> Public Housing Authority                           |
| <input type="checkbox"/> School Administrators/Homeless Liaisons             | <input type="checkbox"/> Street Outreach Team(s)                            |
| <input type="checkbox"/> Substance Abuse Advocates                           | <input type="checkbox"/> Substance Abuse Service Organizations              |
| <input type="checkbox"/> Victim Services Provider(s) – non CoC Funded        | <input type="checkbox"/> Victim Services Provider(s) – CoC Funded           |
| <input type="checkbox"/> Youth Advocate(s)                                   | <input type="checkbox"/> Youth Homeless Organizations (CoC Funded)          |