**Application**

**for Business**

**Membership**

|  |
| --- |
| **Applicant Information** |
| Business Name: | Click or tap here to enter text. |
| Contact Person: Click or tap here to enter text. |
| Address:  |  Click or tap here to enter text. |
| City and Zip Code: | Click or tap here to enter text. | Fax: Click or tap here to enter text. |  | Phone: Click or tap here to enter text. |
| E-mail:  | Click or tap here to enter text. |
| **Mission Statement**  |
| Click or tap here to enter text. |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
|  |
|  | **Yes** | **No** |
| How long has the organization been in existence? Click or tap here to enter text. years | \_\_\_ | \_\_\_ |
| Is the organization an IRS 501 (c)(3) corporation? EIN # Click or tap here to enter text. |  [x]  |  [ ]  |
| Does the organization conduct monthly reviews of financials statements or have annual independent audits? |  [ ]  |  [ ]  |
| Does the organization have a Board of Directors? Please provide a list of the members.  |  [ ]  |  [ ]  |
| Is the organization registered in the SAM’s registry? DUNS # \_\_\_\_\_\_\_\_\_\_\_ |  [ ]  |  [ ]  |
| Does the organization have written policies and procedures?  |  [ ]  |  [ ]  |
| Will the homeless persons served by your organization meet any of HUD’s definition of homelessness? Explain: Click or tap here to enter text.  |  [ ]  |  [ ]  |
| Will the organization be available to attend 90% of required CoC Meetings?  |  [ ]  |  [ ]  |
| Does the organization currently provide services to the community?  |  [ ]  |  [ ]  |

|  |
| --- |
| **Services Description** |

If the organization:

* is currently, or planning to, provide services to the Summit County community, please provide a brief description of services, include information on population served, specific service, and funding for the project.

Click or tap here to enter text.

* provides services that include housing, please specify the housing type, location, and any collaborating agencies.

Click or tap here to enter text.

* becomes a member of the SCCoC, it will be required to be an active participant in the Continuum of Care Homeless Management Information System (HMIS) and it must commit to accepting client referrals from Central Intake, as well as input data into the HMIS system. Is the organization agreeable? [ ]  yes [ ]  no
* Does the organization intend to ask for funding through the SCCoC? [ ]  yes [ ]  no
* Please see attachment ‘A’ for HUD’s definition of “Homelessness”
* What does the organization wish to gain from membership in the Summit County Continuum of Care? Click or tap here to enter text.

**Annual Membership Fees should be paid upon approval of the organizations’ application and are due annually by January 31st. Fees are based upon the budget of organizations as follows:**

Under $100K = $50 $100K-$250K = $75 $251K-$500K = $125

501K-$1M = $200 $1M+-$1.5M = $250 Over $1.5M = $300

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Date

Submit application via email to: Marquetta Boddie, Executive Director

 mboddie@summitcoc.org

 cc: Karen Jones, Administrative Assistant

 kjones@summitcoc.org

|  |
| --- |
| ***For SCCoC Use Only*** |

Comments:

\_\_\_\_\_ Application Accepted \_\_\_\_\_ Application Denied

\_\_\_\_\_\_ Annual Fees Paid \_\_\_\_\_\_\_\_\_ Amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Date