



Summit County Continuum of Care (SCCoC)
a collaboration of agencies working together for the homeless

*Each person is a branch of
strength within the community.
Strong branches make
a strong community!*

Application for Business Membership



Applicant Information

Business Name:			
Contact Person:			
Address:			
City and Zip Code:		Fax:	Phone:
E-mail:			

Mission Statement

C

	Yes	No
How long has the organization been in existence? <small>Click or tap here to enter text.</small> years		
Is the organization an IRS 501 (c)(3) corporation? EIN #		
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:		
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.

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

- 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
- What does the organization wish to gain from membership in the Summit County Continuum of Care?

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: Judy Hanna
jhanna@summitcoc.org



Comments:

_____ Application Accepted

_____ Application Denied

_____ Annual Fees Paid

_____ Amount

Executive Director

Date