



Northeast Florida Continuum of Care (CoC) Membership Application



Changing Homelessness, Inc.
660 Park Street
Jacksonville, FL 32204
904-354-1100
866-371-8637 Fax

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

Organization Name:

Web Site:

Name of Primary
Representative:*

Mailing Address:

Phone Number: _____ Fax Number: _____

E- Mail: _____

Name of Alternate Representative

** _____

Executive Director/CEO/President Name (if different) _____

Address (if different from mailing address):

Phone Number: _____ Fax Number: _____

E- Mail: _____

**This individual has the authority to vote 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.*



Monthly meetings are held on the second Thursday of the month, 8:30 a.m. – 10:0 a.m., at the First United Methodist Church Fellowship Hall, 225 E. Duval Street, Jacksonville, FL.

- To list any additional representative(s) who may attend Changing Homelessness meetings, please provide an attachment with name, address, phone number, and email.

Define your organization's mission.

Organization's annual budget? _____

Please list the services that your organization provides:

On which committee(s) might your organization participate?

- Administration and Finance Committee
- Data Quality Committee
- Homeless Families, Children, & Youth Task Force
- Advocacy
- Point in Time Homeless Census and Survey

How did you learn about the Coalition?



If you are a new applicant, is there a current member of CHI who knows your organization and will nominate you for membership? () Yes () No

If yes, who?

Individual's agency, if applicable:

To be considered for membership you *must* include the following information:

- Copy of last year's Annual Report
- Copy of last year's Completed Audit
- Copy of last year's Balance Sheet (if not included in annual report)
- Detail of agency's source of funds by donor
- Copy of operational budget
- List of any non-profit organizations in which the agency is a member (e.g. United Way, etc.)
- Copy of agency's 501(c)3 IRS designation
- Copy of agency's State tax exemption form
- Copy of any reference letters or letters of support from governmental agencies including any grants agency may have managed
- Copy of agency's General Liability Policy

Organizational Membership Fees:

- Level 1 (Annual Budget less than \$100K) - \$99
- Level 2 (Annual Budget less than \$1mil) - \$199
- Level 3 (Annual Budget \$1mil - \$1.99mil) - \$399
- Level 4 (Annual Budget \$2mil - \$2.99mil) - \$599
- Level 5 (Annual Budget \$3mil - \$3.99mil) - \$799
- Level 6 (Annual Budget greater than \$4mil) - \$999

Please email, mail or fax this completed application and payment for membership fee to:

Changing Homelessness, Inc.
Attn: Monique Elton
660 Park Street
Jacksonville, FL 32204
melton@changinghomelessness.org
Fax 888-291-4646