Northeast Florida Continuum of Care (CoC) Membership Application
( ) 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. – 10:00 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