

Missouri Balance of State Continuum of Care Membership Form (2022)

Mo BoS CoC is the avenue by which service providers, organizations, and community members in 101 counties across Missouri partner for solution-oriented responses to homelessness. In an effort to be as effective as possible, we strive to engage stakeholders from all sectors.

Membership is free and easy!

* Required

1. Email *

2. Please Select Membership Type: *

Mark only one oval.

- New Membership
- Annual Membership Renewal
- Information Change/ Update

Organization / Individual Information

Please provide information pertaining to parties planning to be involved with Mo BoS CoC

3. Organization Name: *

4. Primary Contact Name (First & Last) *

5. Email address: *

6. Phone Number: *

7. Organization Web Address: *

8. Mailing Address (including City & Zip Code): *

9. Select the option that best describes your organization: *

Mark only one oval.

- Non-Profit
- For-Profit
- Local Government
- State Government
- Federal Government
- Interested Advocate/ Individual
- Hospital/ Medical Service
- Law Enforcement
- K-12 School District
- Higher Education Institution
- Service Provider (i.e.: Food Pantry, Day Shelter, Homeless Shelter, Housing Provider)
- Victim Service Provider
- Other

10. For agencies: What type of project is your agency, select all that apply:

Check all that apply.

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Rapid Rehousing | <input type="checkbox"/> Emergency Shelter | |
| <input type="checkbox"/> Permanent Housing | <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Other |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Transitional Housing | |

11. If you are completing an individual advocate application, are you affiliated with any CoC Organizations?

Mark only one oval.

- Yes
- No
- Unsure

12. If yes, please list all affiliations and relationships:

(i.e. XYZ Homeless Shelter, Board Member)

13. Select the types of funding your organization receives: *

Check all that apply.

CoC Funding

ESG Funding

SSVF Funding

MHTF Funding

MOHIP

Other: _____

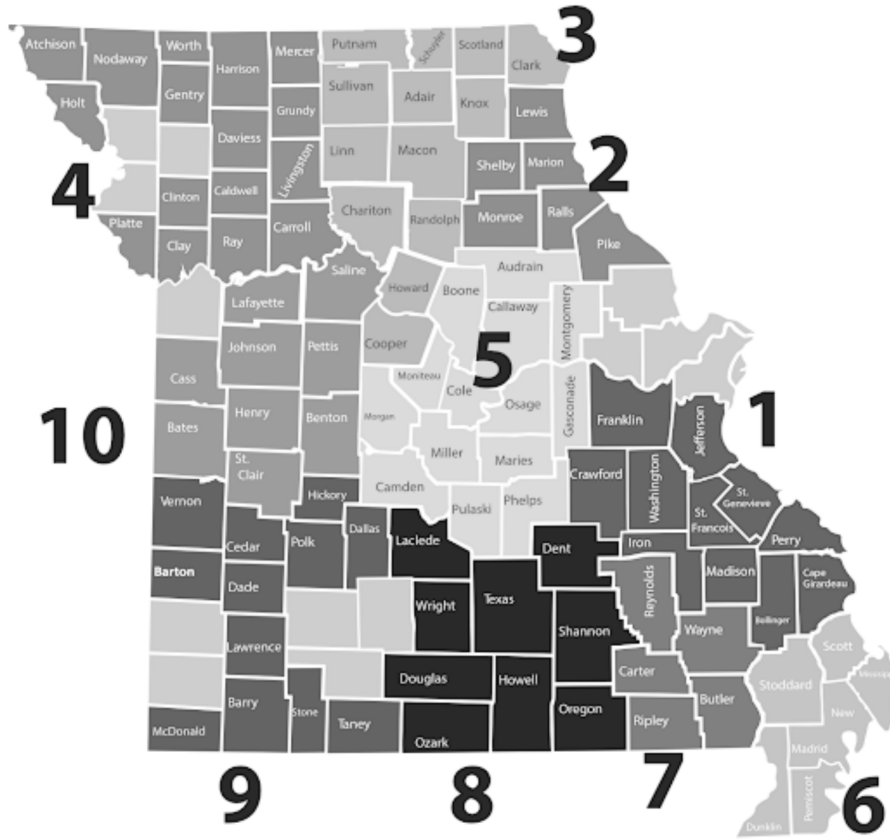
14. Are you currently or have you ever been homeless?

Mark only one oval.

Yes

No

CoC Region Map:



15. Please select the region(s) of the Missouri Balance of State Continuum of Care your organization provides services in. If you are completing as an individual, please select the region you will be participating in: *

Check all that apply.

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
- Region 7
- Region 8
- Region 9
- Region 10

Authorized Voter Information

Provide information for the Primary Voter & 2 Alternate voters, in the event that the Primary voter is unavailable.

16. Name (First and Last) of Primary Voter *

17. Primary Voter Email: *

18. Name (First and Last) of Alternate Voter 1 *

19. Alternate Voter 1 Email: *

20. Name (First and Last) of Alternate Voter 2 *

21. Alternate Voter 2 Email: *

CoC Participation & Acknowledgement

22. The Mo BoS CoC Governance charter encourages members to participate in committee work to ensure meaningful progress toward ending homelessness efficiently. Please select the committee(s) your organization would be willing to participate on. *

Check all that apply.

- Coordinated Entry- Develop and implement appropriate policies, procedures, and standards of service for the continuum's coordinated assessment.
- Grants - Managing the HUD application process, review and recommend strategic goals and objectives, review CoC level performance measures and recommend system delivery policies.
- Performance - Gathers data on the nature and extent of homelessness, analyzes gaps and trends, reviews annual PIT and HIC, review performance measures for CoC and individual project performance.
- Membership - Recruiting and retaining a broad spectrum of representation and maintaining membership records.
- Racial and Gender Inequities- Work to address disparities that our community may be facing and create opportunities to educate and inform our CoC to operate in a more inclusive manner.
- Youth Services- provide in-depth review of issues and programs designed to meet the need of Youth and additional considerations in order to gain and maintain housing
- Victim Services- Focus on the needs and resources available for agencies that aide victims/ survivors in housing crisis
- Veteran Services- Focus on the needs and resources available for agencies that aide Veterans in housing crisis
- Youth Action Board- Comprised of Youth members (under the age of 25) to speak directly into the work of the CoC
- Point in Time Count- aide, foster and facilitate the Point in Time Count throughout the 101 counties of the Mo BoS CoC geographical area.

CoC Commitments

A member of the Missouri Balance of State Continuum of Care must meet the following commitments:

23. Do you agree to commit to the mission of the CoC?

Mark only one oval.

Yes

No

24. Do you agree to participate as a member of the CoC by attending CoC meetings and regular participation in committee and subcommittee meetings?

Mark only one oval.

Yes

No

25. Do you agree to abide by the conflict of interest and code of conduct policies?

Mark only one oval.

Yes

No

Commitment Confirmation

In order to acknowledge your agency's commitment to the requirements listed above, please provide the information for the person in your organization responsible for making decisions regarding the participation in the Mo BoS CoC. If individual please complete with your information.

26. Name (First and Last) of respondent *

27. Position or Title: *

28. Email: *

29. By selecting "Yes" below, I certify that the above information is correct and complete and do hereby agree to Membership Requirements *

Check all that apply.

I agree

I disagree

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