

**CA-609 San Bernardino City and County Continuum of Care
Membership Application Instructions**

Thank you for your interest in participating in the CA-609 San Bernardino City and County Continuum of Care (CoC). The CoC is a regional or local planning body that coordinates housing and service funding for homeless families and individuals. The CoC is designed to promote a community-wide commitment to the goal of ending homelessness and to provide funding for efforts by non-profit providers, states, and local governments.

The CoC is made up of designated representatives of a “relevant organization”, as defined below. Relevant organizations and individuals within San Bernardino County may apply to be considered for membership in the U.S. Department of Housing and Urban Development (HUD) designated CA-609 San Bernardino City and County CoC.

Membership Eligibility. Section 578.5 of Title 24 of the Federal Regulations defines “relevant organizations” as including, “nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing authorities, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans and homeless and formerly homeless individuals.

Applicants must designate one representative on their application to vote on behalf of their organization. If they are unable to attend a CoC meeting, a voting representative from an organization may authorize another individual from their organization to be their alternate. A roster of voting representatives is maintained and updated at least annually.

CoC Member Duties Include:

- (1) Attend meetings of the full CoC membership, with published agendas, at least twice a year;
- (2) Adopt and follow a written process to select a board to act on behalf of the CoC, which process must be reviewed, updated, and approved by the CoC at least once every 5 years;
- (3) Appoint additional committees, subcommittees, or workgroups;
- (4) In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board.

To see a full list of CoC duties and responsibilities click [here](#).

You can complete a membership application online at sbcounty.gov/dbh/sbchp or complete a PDF file of the application and email it to homelessrfp@hss.sbcounty.gov or mail it to:

The Office of Homeless Services
215 North D Street, Suite, 301
San Bernardino, CA 92415-0044

CA-609 San Bernardino City and County Continuum of Care

Membership Application

Instructions: Please submit this form via email to: HomelessRFP@hss.sbcounty.gov or by mail to the Office of Homeless Services – 215 North D Street, Suite 301, San Bernardino, CA 92415-0044

			Date:
Organization Name:			
Executive Director:			
Business Address:			
City:	State:	Zip:	
Email Address:			
Phone Number:			
Link to Organization's Website:			

Primary CoC Voting Representative Name:	
Title:	
Email Address:	
Phone Number:	

Alternate Representative Name:	
Title:	
Email Address:	
Phone Number:	

Which of the following sectors best describes your organization sector?		
<input type="checkbox"/> Advocate	<input type="checkbox"/> Business	<input type="checkbox"/> CDBG/HOME/ESG Entitlement Jurisdiction
<input type="checkbox"/> Disability Service Organization	<input type="checkbox"/> EMS/Crisis Response Team	<input type="checkbox"/> Faith-Based Organization
<input type="checkbox"/> Homeless/Formerly Homeless Individual	<input type="checkbox"/> Hospital or Health Care Organization	<input type="checkbox"/> Housing Developer
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> LGBTQ Service Organization	<input type="checkbox"/> Local Government
<input type="checkbox"/> Mental Health Service Organization	<input type="checkbox"/> Non-Profit Homeless Service Provider	<input type="checkbox"/> Public Housing Authorities
<input type="checkbox"/> School District/College/University	<input type="checkbox"/> Social Service Provider	<input type="checkbox"/> Street Outreach Team
<input type="checkbox"/> Substance Abuse Service Provider	<input type="checkbox"/> Substance Abuse Service Provider	<input type="checkbox"/> Veteran Organization
<input type="checkbox"/> Victim Service Provider	<input type="checkbox"/> Youth Homeless Organization	Other:

By submitting this application, you hereby agree to meet the Continuum of Care membership duties as outlined in the accompanying Instructions and attest that your organization's representative or alternate can attend meetings at least twice a year.

Signature

Date