

Fresno Madera Continuum of Care (FMCoC)

2020-2021 General Membership Application and Annual Agreement

The Fresno Madera Continuum of Care (FMCoC) invites nonprofit service providers, government entities, businesses, groups and individuals to join in the effort to end homelessness in our community by becoming a member of the FMCoC.

The FMCoC serves as the Continuum of Care for the cities of Fresno, Clovis, Madera and all the municipalities within the Fresno and Madera Counties. We are dedicated to increasing the awareness of the problems of people who are homeless and to the development and strategies to create permanent solutions to homelessness in our community. In the coming year, the FMCoC will carry out its mission by promoting and implementing strategies to end homelessness.

General Membership:

General membership shall consist of homeless supportive and housing service providers, homeless prevention service-agencies, homeless individuals, interested community members, public & nonprofit service providers, local government and local government systems-service entities, businesses, and faith-based organizations. The FMCoC members will share information, receive notices of CoC activities, trainings, HUD homeless funding, **and members in good standing will be eligible to receive FMCoC participant letters-confirming their role in the CoC coordinated regional efforts.**

General Members, in good standing of the FMCoC are eligible to:

- Apply for new and/or renewal funding from the U.S. Department of Housing and Urban Development (HUD).
- Apply for new and/or renewal funding from the City and Counties of Fresno and Madera during 2020.
- Submit applications to outside organizations with the supportive documentation and letters from the FMCoC, of belonging to the regional effort addressing and ending homelessness.

General Membership Fees

Membership in **FMCoC-FMCoC** is determined by organization size (including individual membership). Using the table on the application, members will self-select their category. **The annual membership fee is due no later than Friday, ~~January 17, 2020~~ January 15, 2021, for the 2020-2021 year.**

To join the FMCoC, or to renew your membership, please complete the enclosed application signed by the organization's authorized representative. Completed applications are to be scanned and emailed to the Secretary (heidier@ci.clovis.ca.us/smirhadi@poverellohouse.org) and Treasurer (misty.gattie-blanco@fresnoeoc.org).

Membership Fees can be paid either by check/money order or online.

- Checks or Money Orders are to be made payable to Central Valley Community Foundation and mailed to the FMCoC Treasurer. *Please send to Fresno Madera Continuum of Care, C/O: Fresno EOC, Misty Gattie-Blanco, 1900 [Mariposa Street](#), Suite #117100, Fresno, CA 93721.*
- Online payments can be made at www.centralvalleycf.org. Please follow the instructions.
 - On the top right-hand side of home page, click the DONATE button;
 - Click the blue box that says OUR FUNDS located on the right-hand side in the middle of the page;
 - Click on FRESNO MADERA CONTINUUM OF CARE FUND listed in Designated Organization and Project Funds;
 - Enter the membership amount (based on table in this application) in the price per item box, then click CONTINUE;
 - Payments can be made either by then logging in & paying with PayPal or by entering a debit or credit card; then enter the necessary information to complete transaction.
 - Either print confirmation page or confirmation email and send to both the Secretary and Treasurer (same addresses listed for the membership application).

NOTE: Memberships are not complete until the completed application is received along with either check/money order or confirmation of online payment. All memberships expire December 31, **2019-2021** and fees will not be prorated for late additions.

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Please Check General Membership Affiliation and Annual Budget:

| Non-Government Organizations Fee Schedule | |
|---|------------|
| Annual Budget | Dues |
| Up to \$100,000 | \$100/year |
| \$100,001 - \$300,000 | \$200/year |
| \$301,000 - \$500,000 | \$300/year |
| \$500,001 - \$800,000 | \$400/year |
| \$801,000 – 1,500,000 | \$500/year |
| Over \$1,500,000 | \$650/year |

| City and County Government Agency Fee Schedule | |
|--|--------------|
| Population Size | Dues |
| 500,000+ | \$5,000/year |
| 100,000 – 499,000 | \$2,500/year |
| Up top 99,999 | \$1,000/year |

| Individual Member Fee Schedule | |
|--------------------------------|------------|
| Individual Member | \$100/year |

MEMBER NAME: _____

ADMINISTRATIVE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ FAX: _____

PHONE: _____ WEBSITE: _____

Agency Designation: Government: 501(c)(3): for profit: other (explain): _____

Please identify one primary and one alternate person to serves as the FMCoC Director and Alternate Director representing your agency. These persons will be the official representatives documenting your agency attendance and as recipients of agenda's, notices, etc.

These individual(s) will have the following responsibilities: 1) Regularly attend FMCoC's monthly membership meetings; and 2) Communicate back to their own organization, as appropriate, information that is shared at the membership meetings, events, and/or through email communications.

PRIMARY DIRECTOR CONTACT NAME: _____

PHONE: _____ E-MAIL* (please print clearly: _____

ALTERNATE DIRECTOR CONTACT NAME: _____

PHONE: _____ E-MAIL* (please print clearly: _____

* Please note: Due to the large number of individuals and organizations we communicate with, FMCoC uses email as the primary/sole contact. By giving your email address here you agree to have it added to this service. Be assured that your email address will only be used to send you information pertaining to FMCoC and/or activates beneficial to your clients.

Organization Information

Please help us to get to know you better by checking below the populations your organization serves and the services you provide.

Primary /Target Service/Area of Interest:

- Fresno County Madera County City of Clovis City of Fresno City of Madera

| Populations served (check all that apply) |
|--|
| <input type="checkbox"/> Seriously Mentally Ill |
| <input type="checkbox"/> Substance Abusers |
| <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Persons with HIV/AIDS |
| <input type="checkbox"/> Survivors of Domestic Violence |
| <input type="checkbox"/> Youth |
| <input type="checkbox"/> Chronically Homeless (A "chronically homeless" individual is someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years and has a disabling condition. A family with an adult member who meets this description would also be considered chronically homeless.) |
| Other populations not included above: |

| Services Provided (check all that apply) | | | |
|--|--|---|---------------------------------------|
| Rapid Rehousing/ Homeless Prevention | Outreach | Supportive Services | Housing |
| <input type="checkbox"/> Mortgage Assistance | <input type="checkbox"/> Street Outreach | <input type="checkbox"/> Case Management | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> Mobile Clinic | <input type="checkbox"/> Life Skills | <input type="checkbox"/> Triage |
| <input type="checkbox"/> Utilities Assistance | | <input type="checkbox"/> Alcohol & Drug Abuse | <input type="checkbox"/> Bridge |
| <input type="checkbox"/> Counseling/Advocacy | | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Transitional |
| <input type="checkbox"/> Legal Assistance | | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Permanent |
| | | <input type="checkbox"/> HIV/AIDS | |
| | | <input type="checkbox"/> Education | |
| | | <input type="checkbox"/> Employment | |
| | | <input type="checkbox"/> Child Care | |
| | | <input type="checkbox"/> Transportation | |
| Additional services provided not included in this list: | | | |

SIGNATURE: _____ **DATE:** _____
 (Organization's Authorized Representative)

PRINTED NAME: _____ **TITLE OF PERSON SIGNING:** _____