

2019 LAKESHORE COC MEMBERSHIP AGREEMENT FORM

The Lakeshore Continuum of Care (LCOC) is a community-based organization which coordinates Door, Kewaunee, Manitowoc, & Sheboygan County's Continuum of Care.

To become a member or renew membership with the LCOC, complete the form and submit to:

Lakeshore CAP- LCOC
702 State Street
PO Box 2315
Manitowoc, WI 54220
Fax to 920.686.8700
Email to kathleenm@lakeshorecap.org.

Please submit membership form by March 30, 2019.

Organization/Affiliation: _____

Name of Representative: _____

Email Address: _____

Secondary Voter Name & Email Address: _____

Mailing Address: _____

Phone: _____

I and/or my agency are interested in the following membership category:

(Please see the attached requirements and MOU for each membership level)

_____ **Voting Member**

_____ **Participating Member**

I and/or my organization agree with and support the mission of the LCOC. I have read and understand the terms of my selected membership level. I also understand that if at any time I would like to change the status of my membership, I need to indicate this change (in writing or email) to the LCOC Secretary.

Member Signature _____
Date

Secondary Member Signature _____
Date

Please check the stakeholder group(s) to which you align:

- Currently homeless
- Previously homeless individual
- Nonprofit homeless assistance provider that receives HUD COC or ESG funding
- Employment provider: _____
- Emergency Shelter
- Domestic violence and/or sexual assault provider
- Faith-based organization
- Private funder
- Government Entity
- Business
- Public Housing Agency
- HIV/AIDS representative
- LGBTQ representative. Agency Name: _____
- School District/McKinney-Vento Coordinator
- Social service provider
- Mental health provider
- Substance abuse treatment provider
- University/technical school
- Affordable housing developer
- Legal service provider
- Veteran service provider
- Individual community member
- Youth serving agency
- Board of Directors for: _____

Other: _____

LAKESHORE CONTINUUM OF CARE

Memorandum of Understanding

Between the Lakeshore Continuum of Care (LCOC)

AND

_____ (member name).

This agreement is for the implementation and administration of the WI BOSCO (Wisconsin Balance of State Continuum of Care) programming in the counties of Door, Kewaunee, Manitowoc, and Sheboygan. We are a collection of agencies, organizations that are committed to ending homelessness in our community. Each member provides homeless prevention, intervention and supportive services to the community to assist individuals and families move to stable housing. We promote community-wide collaboration to deliver housing and services to meet the specific needs of those that are homeless and promote the utilization of these programs and mainstream resources as households move to stable housing and self-sufficiency.

As a member of the LCOC, I agree to the following:

- To maintain active participation in the LCOC.
- To vote as necessary, if applicable.
- To represent the views of the agency or institution for which I am a member of the LCOC.
- To participate in a committee, if necessary.
- To advocate on behalf of those that are experiencing homelessness.
- To coordinate and work with the WI BOSCO.

1. VOTING Member

Open to *organizations* that support the mission of the LCOC and wish to partner for collaborative funding opportunities and the development of community resources for those needing shelter, are at risk of homelessness or seeking affordable housing.

Requirements for VOTING Membership:

- Attend 3 out of 4 business meetings per calendar year.
- Sign MOU that outlines responsibilities to the LCOC.
- Agree to participate or chair committees.
- Update Membership information on an annual basis.
- To advocate on behalf of those that are experiencing homelessness.
- To coordinate and work with the WI BOSCoC
- To represent the views of the agency or institution for which I am a member ~~of the LCOC.~~

2. PARTICIPATING Member

Open to *organizations and individuals* that support the mission of the LCOC and wish to actively participate in LCOC meetings, committees or activities. The Executive Committee may waive or modify these requirements for persons who are homeless, at risk of becoming homeless or with limited income.

Requirements for PARTICIPATING Membership:

- Attend 2 out of 4 business meetings per calendar year.
- Participate on committees on an as-needed basis.
- Update membership information on an annual basis.
- Sign MOU that outlines responsibility to the LCOC.
- To advocate on behalf of those that are experiencing homelessness.
- To coordinate and work with the WI BOSCoC
- To represent the views of the agency or institution for which I am a member **of the LCOC.**

By signing this MOU, I agree to follow the membership requirements outlined above.

_____ I wish to be a **VOTING** member for 2019.

_____ I wish to be a **PARTICIPATING** member for 2019.

Signature

Title

Name

Agency

Date