North Carolina
Balance of State Continuum of Care

bos@ncceh.org 919.755.4393 https://ncceh.org/nc-bos-coc-overview/

NC BoS CoC Membership Application Form

Membership Application Form: Membership Application is open year-round.

The North Carolina Balance of State Continuum of Care (NC BoS CoC) welcomes applications for membership from organizations and unaffiliated individuals who are committed to working collaboratively to prevent and end homelessness across the Continuum of Care's (CoC) geographic area.

Please complete the form below. Approved members will be added to the official CoC Membership list posted publicly on NCCEH's BoS webpage at https://ncceh.org/nc-bos-coc-overview/

I. Membership Level

I would like to join the NC BoS CoC as:

☐ Individual Member

☐ Organizational Member

Note: An Individual Member must not be employed by, or formally affiliated with, an organization that is applying for or currently holds Organizational Membership within the CoC.

II. Applicant Information

If applying as an Individual Member, please provide:

First Name:

Last Name:

Email Address:

Phone Number (optional):

Organizational Affiliation (optional):

Balance of State Region (if applicable):

Are you currently connected to or participating in your NC BoS CoC Regional Committee?

☐ Yes, I currently participate in Regional Committee meetings or activities

☐ I received Regional Committee communications but do not currently participate

☐ No, I am not currently connected

☐ I'm not sure

Would you like help getting connected to your Regional Committee?

☐ Yes, please connect me with my Regional Committee

☐ No, not at this time

☐ I am already connected

If applying as an Organizational Member, please provide:

Organization Name:

Your Title/Role:

First Name:

Last Name:

Primary Contact Email Address(es):

Who will serve as your organization's voting member?

☐ I will serve as the designated voting member.

☐ Another individual will serve as the designated voting member.

If you choose another individual, please fill out the following information:

☐ Designated Voter First Name and Last Name:

☐ Designated Voter Email Address:

III. Organization Information

Organization Address:

Organization Website (if applicable):

Balance of State Region:

Are you currently connected to or participating in your NC BoS CoC Regional Committee?

- [ ] Yes, I currently participate in Regional Committee meetings or activities
- [ ] I received Regional Committee communications but do not currently participate
- [ ] No, I am not currently connected
- [ ] I'm not sure

Would you like help getting connected to your Regional Committee?

- [ ] Yes, please connect me with my Regional Committee
- [ ] No, not at this time
- [ ] I am already connected

IV. Role & Engagement in Housing or Homelessness

Please select all work you currently engage in relative to housing and/or homelessness within the NC Balance of State CoC's geographic area:

- [ ] Affordable Housing Developer(s)
- [ ] Agencies Serving Survivors of Human Trafficking
- [ ] At-Large Community Member
- [ ] Behavioral Health Provider
- [ ] Business Community Member
- [ ] CDBG/HOME/ESG Entitlement Jurisdiction
- [ ] CoC-Program Funding Provider
- [ ] Disability Advocates
- [ ] Disability Service Organization
- [ ] Domestic Violence Advocates
- [ ] EMS/Crisis Response Team(s)
- [ ] ESG Program Recipient or Subrecipient
- [ ] Faith-Based Organization
- [ ] Hospital(s)

- [ ] Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)
- [ ] Law Enforcement
- [ ] Legal Aid
- [ ] Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates
- [ ] Local Government Staff/Officials
- [ ] Mental Illness Advocates
- [ ] Mental Illness Service Organizations
- [ ] Organizations Led by and Serving LGBTQ+ Persons
- [ ] Organizations Led by and Serving People with Disabilities
- [ ] Organizations Led by Black, Brown, Indigenous, and Other People of Color
- [ ] Organizations Serving Homeless Veterans
- [ ] Other Homeless Subpopulation Advocates
- [ ] Other Victim Service Organizations
- [ ] Person with Lived Experience of Homelessness
- [ ] Public Housing Authorities
- [ ] Regional Representative
- [ ] School Administrators/Homeless Liaisons
- [ ] State Domestic Violence Coalition
- [ ] State Sexual Assault Coalition
- [ ] Street Outreach Team(s)
- [ ] Substance Abuse Advocates
- [ ] Substance Abuse Service Organizations
- [ ] Victim Service Providers (VSPs)
- [ ] Workforce Development

☐ Youth Advocates

☐ Youth Homelessness Organizations

☐ Youth Service Providers

☐ Other:

Please describe the work you or your organization does relative to housing and/or homelessness within the NC Balance of State CoC's geographic area:

Please describe your interest in joining the NC Balance of State Continuum of Care:

V. Membership Acknowledgement

Please provide your initials indicating your approval of this membership submission:

By joining the NC Balance of State CoC, members agree to:

- Support the mission to use evidence-based strategies to implement solutions that prevent and end homelessness in the most efficient, effective, and ethical manner.
- Participate in CoC meetings and activities as able
- Uphold CoC governance documents, policies, and procedures
- Collaborate in good faith with other members
- Attend 75% of CoC Membership Meetings
- Attend 75% of the members' respective regional meetings.

Initials: