

## Fresno Madera Continuum of Care (FMCoC) 2024 General Membership Application and Annual Agreement for Organizations

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 the calendar year.
- Submit applications to outside organizations with the supportive documentation and letters from the FMCoC, of belonging to the regional effort addressing and ending homelessness.
- Participate in CoC-facilitated trainings, receive notices of CoC activities, join the CoC Member listserv, and be entitled to one vote per Member in General Membership meetings and elections.

### **General Membership Fees**

Membership in FMCoC is determined by organization size (including individual membership). Using the table on the application, members will self-select their category. ***The annual membership application and fee are due no later than Friday, March 1, 2024, for the 2024 membership 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 (mirhadi@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 #100, Fresno, CA 93721.*
- Online payments can be made at [www.centralvalleycf.org](http://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).

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**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, 2023. Fees are prorated based on the following schedule for first time members only. Previous year members were required to pay the full membership fee regardless of the month they join.

January – March 31: 100% of fees  
April – June 30: 75% of fees  
July – September 30: 50% of fees  
October – December 31: 25% fees

**Hardship Waiver Request Process:**

The Board of Directors may approve hardship waivers and/or payment of in-kind dues for Members who may not have the ability to pay in cash. A hardship waiver and/or request for payment of in-kind dues should be emailed to the Chair and Treasurer for consideration using the general FMCoC email address listed on the website ([info@fresnomaderahomeless.org](mailto:info@fresnomaderahomeless.org)). Special consideration for hardship waivers will be given to (i) Organizations led by and serving Black, Brown, Indigenous and other People of Color, (ii) Organizations led by and serving LGBTQ persons, (iii) Organizations led by people with disabilities.

Please fill out the next two pages and submit to the Secretary ([mirhadi@poverellohouse.org](mailto:mirhadi@poverellohouse.org)) and Treasurer ([misty.gattie-blanco@fresnoeoc.org](mailto:misty.gattie-blanco@fresnoeoc.org)).

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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

ORGANIZATION 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 serve as the FMCoC Director and Alternate Director representing your agency. These people will be the official representatives documenting your agency’s attendance and as recipients of agenda’s, notices, etc.

**PRIMARY DIRECTOR CONTACT NAME:** \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL\* (please print clearly: \_\_\_\_\_

**ALTERNATE DIRECTOR CONTACT NAME:** \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL\* (please print clearly: \_\_\_\_\_

***Please initial this box confirming as an organizational member, you 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.
- 2) Read and agree to abide by the *CoC’s Conflict of Interest and Code of Conduct policies.*

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**Initials:** \_\_\_\_\_

\* 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.

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**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

<b>Populations served (check all that apply)</b>
<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:

<b>Services Provided (check all that apply)</b>			
<b>Rapid Rehousing/ Homeless Prevention</b>	<b>Outreach</b>	<b>Supportive Services</b>	<b>Housing</b>
<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	
<b>Additional services provided not included in this list:</b>			

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 (Organization’s Authorized Representative)

**PRINTED NAME:** \_\_\_\_\_ **TITLE OF PERSON SIGNING:** \_\_\_\_\_