

Muskegon County Homeless Continuum of Care Network

Network Membership Application 2024

The Muskegon County Homeless Continuum of Care Network is a community collaborative that is actively working on systems change in the area of homelessness and affordable housing. **The goal of the Network is to prevent and end systemic homelessness in Muskegon County, guided by a three-year community developed strategic plan.**

The Network serves as the Continuum of Care (CoC) for Muskegon County with specific responsibilities to comply with the HEARTH Act, the guiding legislation for US Department of Housing and Urban Development (HUD) funding.¹ The Network champions the current strategic plan as well as the foundations that were laid in the previous 10-year plan, the *Ten Year Plan to End Homelessness 2006-2016*, convening to determine local priorities, strengthen communication, encourage best practices, and promote collaboration to achieve goals.

Membership in the Network is **free and open to all**. Relevant organizations include 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. Individuals include homeless and formerly homeless individuals.

Members are expected to support the community strategic plan, actively engage in planning to update community priorities, regularly attend Network meetings, and are strongly encouraged to participate in Network committees and work groups.

In return, Network **members receive access to:**

- Community data on progress toward achieving the Vision
- Timely email updates and presentations on policy and funding changes at the local, state and federal level
- Participation in system-wide planning and governance
- Clinics, workshops, and networking to promote best practices and system building

Network **meetings are open to all interested parties**, however, there is only one voting representative from any agency or organization. A roster of voting representatives is maintained and updated at least annually. A voting representative from an organization or agency may assign their proxy to another individual from their organization; however, at no time will any organization be provided with multiple votes. Refer to the Governance Charter for additional information.

Membership must be renewed annually by submitting an updated Membership Application Form.

¹ General Provisions 52 § 578.1 Purpose and scope: (a) The Continuum of Care program is authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389). (b) The program is designed to: (1) *Promote communitywide commitment to the goal of ending homelessness*; (2) *Provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness*; (3) *Promote access to and effective utilization of mainstream programs by homeless individuals and families*; and (4) *Optimize self-sufficiency among individuals and families experiencing homelessness*.

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Agency and organization members are eligible to vote on specific Network matters and must designate one voting representative and supply the contact information below. Homeless or formerly homeless individual members, do not need to be affiliated with a member agency or organization to vote as individual members.

Organization Member	
<i>Check one:</i>	
Nonprofit	
Governmental entity	
Philanthropy	
Business/for profit	
Voting Representative	
First Name	
Last Name	
Title	
Organization	
Phone	
Email	
Mailing address	
Alternate Voter Name	
Individual Member	
<i>Check one (if applicable)</i>	
Homeless	
Formerly homeless	
First Name	
Last Name	
Phone	
Email	
Mailing address	

I am interested in/currently a member of a member of the following committee(s):

Outreach ___ *Data* ___ *Coordinated Entry* ___ *Nominating* ___ *Review* ___ *By-Name List* ___

Affirmation By requesting to become members of the Muskegon County Homeless Network of Care, I/we/our organization agree(s) to support the *Muskegon Vision to End Homelessness* and periodic updates, actively engage in Network planning to update community priorities, and regularly attend meetings.

Authorized signature and date

Printed name