

# Santa Maria/Santa Barbara County Continuum of Care Membership Agreement

Representation: <input type="checkbox"/> Individual Member <input type="checkbox"/> Organizational Member		Date:
Member Type: <input type="checkbox"/> New Member <input type="checkbox"/> Annual Update		
Member Name:		
Street Address:		
City:	State:	Zip:
Website:	E-mail:	
Organization Name:		Phone:
Organization Type: <input type="checkbox"/> Governmental <input type="checkbox"/> Non-Profit <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Healthcare <input type="checkbox"/> Private Business <input type="checkbox"/> Faith Based <input type="checkbox"/> Educational <input type="checkbox"/> Other _____		
Does your organization serve people experiencing homelessness or a serious housing crisis as part of its core mission? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do we have permission to list you/your organization as a member of the Santa Maria/Santa Barbara County Continuum of Care on public materials and websites? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I and/or my organization agree to participate in the Santa Maria/Santa Barbara County's Continuum of Care in one or more of the following ways: <ul style="list-style-type: none"> <li>• Attending Continuum of Care meetings;</li> <li>• Reporting to/seeking input from Member's constituencies on key issues and strategies;</li> <li>• Remaining informed of and communicating needs and gaps;</li> <li>• Remaining informed of local, state, federal, and private proposals for funding;</li> <li>• Contributing to informed dialogue on action undertaken by the group;</li> <li>• Serving on a Continuum of Care Standing Committee;</li> <li>• Participating in administration of the biennial Point In Time (PIT) Count;</li> <li>• Sharing aggregate outcome and performance data on the successes and challenges of people who are experiencing or have experienced homelessness;</li> <li>• Engaging in the regular review of data to ensure that high levels of data quality and completeness are maintained;</li> <li>• Providing input in the development of strategies and action plans to reduce and end homelessness;</li> <li>• Participating in advocacy and public education efforts.</li> </ul>		
How did you hear about the Continuum of Care? _____		
Signature:		Date:

Please return completed forms to [jblack@sbccsd.org](mailto:jblack@sbccsd.org) or Continuum of Care, County of Santa Barbara, Community Services, 123 E. Anapamu St., 2<sup>nd</sup> Floor, Santa Barbara, CA 93101