



FL-509 Continuum of Care (CoC)

Membership Application and Memorandum of Understanding (MOU)

Fort Pierce/St. Lucie, Indian River, Martin Counties

Lead Agency: Treasure Coast Homeless Services Council (TCHSC)

This document serves as a combined application for membership in the FL-509 Continuum of Care and a Memorandum of Understanding (MOU). By completing and signing this document, the organization applies for CoC membership and agrees to comply with all CoC participation requirements.

Section I: Organization Information

Organization Name: _____

Website: _____

Phone Number: _____

Primary Email: _____

Authorized Representative (First and Last): _____

Title: _____

Email: _____

Phone: _____

Section II: CoC Administrative Contact

Treasure Coast Homeless Services Council (TCHSC)

Email: cocadmin@tchelpspot.org

Website: www.tchelpspot.org

Phone: 772-213-9040

Section III: Organizational Representation (Check all that apply)

- Affordable Housing Developer
- CDBG/HOME/ESG Entitlement Jurisdiction
- Disability Advocates
- Disability Service Organizations
- EMS / Crisis Response Team(s)

- Homeless or Formerly Homeless Persons
 - Hospital(s)
 - Indian Tribes / Tribally Designated Housing Entities (TDHEs)
 - Law Enforcement
 - LGBTQ+ Advocates
 - LGBTQ+ Service Organizations
 - Local Government Staff / Officials
 - Local Jail(s)
 - Mental Health Service Organizations
 - Mental Illness Advocates
 - Organizations led by and serving Black, Brown, Indigenous, and other People of Color
 - Homeless Subpopulation Advocates
 - Public Housing Authority
 - School Administrators / Homeless Liaisons
 - Street Outreach Team(s)
 - Substance Abuse Advocates
 - Substance Abuse Service Organizations
 - Agencies Serving Survivors of Human Trafficking
 - Victim Service Providers
 - Domestic Violence Advocates
 - Other Victim Service Organizations
 - State Domestic Violence Coalition
 - State Sexual Assault Coalition
 - Youth Advocates
 - Youth Homeless Organizations
 - Youth Service Providers
 - Faith-Based Collaborative Funders
 - Private Philanthropic Organizations
 - Other (50 character limit): _____
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Section IV: Subpopulations Served (Check all that apply)

- Seriously Mentally Ill
 - Veterans
 - Domestic Violence Survivors
 - Unaccompanied Youth (Ages 18-24)
 - Substance Use Disorders
 - HIV/AIDS
 - Children
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Section V: Housing Bed Types Provided (If Applicable)

- Emergency Shelter
 - Transitional Housing
 - Rapid Re-Housing
 - Permanent Supportive Housing
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Section VI: Application for CoC Membership

By submitting this application, the organization affirms its intent to participate as an active member of the FL-509 Continuum of Care and agrees to support the CoC's mission to prevent and end homelessness through coordinated, data-driven, and proven strategies.

Section VII: Memorandum of Understanding (MOU)

By signing this MOU, the organization agrees to the following requirements:

- 1. Participation in CoC Meetings**
Attend general CoC meetings as scheduled and/or designate a representatives to participate.
 - 2. Participation in CoC Committees**
Designate representatives to participate in at least one CoC committee or workgroup, as applicable to the organization's role and capacity. (Multiple staff may serve on the same or different committees)
 - 3. Coordinated Entry Participation**
Provide referrals for individuals and households experiencing literal homelessness through the CoC's Coordinated Entry process in accordance with HUD and CoC policies.
 - 4. Data and System Alignment**
Cooperate with CoC data collection, reporting, and evaluation efforts, including participation in Point-in-Time Counts and other HUD-required activities, as applicable.
 - 5. Compliance and Collaboration**
Comply with applicable HUD regulations, CoC policies, and local procedures, and collaborate in good faith with CoC partners to improve system performance and outcomes.
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Section VIII: Term and Amendments

This MOU shall remain in effect until terminated by either party with written notice. Updates to CoC policies or HUD requirements may require amendments, which will be communicated to all members.

Section IX: Certification and Signature

By signing below, the organization certifies that the information provided is accurate and agrees to all terms outlined in this Membership Application and MOU.

Authorized Representative Name: _____

Title: _____

Organization: _____

Signature: _____

Date: _____

Agency Representatives

Please list any/all agency members/staff that are interested in being added to the CoC listserv to receive relevant e-blasts, news and updates, and invitations to serve on committees.

NAME (First, Last): _____

TITLE: _____

EMAIL: _____

NAME (First, Last): _____

TITLE: _____

EMAIL: _____

NAME (First, Last): _____

TITLE: _____

EMAIL: _____

NAME (First, Last): _____

TITLE: _____

EMAIL: _____

You may also add additional staff by emailing cocadmin@tchelpspot.org with a list of names, titles, and emails.

Please [CLICK HERE](#) to select a CoC Committee to serve on, you may share this link with all interested employees. You may have multiple representatives on one committee or across multiple committees.

Clear Form