

2024 NCOCoC MEMORANDUM OF UNDERSTANDING

It is my understanding that Community Development Support Association (CDSA, Inc.) is the Lead Agency for North Central Oklahoma Continuum of Care (NCOCoC) OK-500 and that the Continuum was developed for the purpose of coordinating efforts to alleviate homelessness. I realize that being a stakeholder/participant in the NCOCoC communities gain a better understanding of the available resources and increase their ability to make application for certain grant funds.

I understand that:

1. The North Central Oklahoma Continuum of Care (NCOCoC) is comprised of the following counties in Oklahoma: Creek, Garfield, Grant, Kay, Noble, Osage, Pawnee and Payne.
2. The NCOCoC consists of the following structure: **(1) Core Group:** those that helped form the Continuum establish area and structure of the Continuum. **(2) Steering Committee:** meets monthly to establish goals, set time frames, make general decisions related to the Continuum. **(3) Sub-Steering Committees:** committees formed within the Continuum, to discuss issues relative to the homeless in their area and formulate recommendations for the Steering Committee. **(4) Stakeholder/Participants:** all individuals, groups, agencies, businesses, banks, state or local government, former homeless, organizations, mainstream programs, etc. that have an interest in ending homelessness in their communities and participated in the Continuum.
3. Stakeholders/Participants are encouraged to form sub-steering committees in their community/county to make plans/decisions regarding homeless issues in their area. Sub-Steering committees are encouraged to meet monthly. In the event sub-steering committees are not formed in a particular community/county, the Steering Committee will utilize participants from the Steering Committee who serve or represent that designated community/county to make decisions for that area.
4. At least two stakeholders/participants from each sub-steering committee will attend monthly Steering Committee meetings at an area designated by the Lead Agency to help make decisions regarding planning, technical assistance, HMIS implementation, training, gathering of statistical information, grant writing, and other issues that promote the growth and stability of the Continuum. Steering Committee members are also encouraged to attend all statewide training, join statewide coalitions, etc., that pertain to issues that will affect the homeless and NCOCoC.
5. All Stakeholders/Participants who service the homeless population are strongly encouraged to participate in the Homeless Management Information System (HMIS) because of its importance in the future data collection and funding for the homeless projects.
6. In relation to grant applications made through the NOFA Continuum of Care Program Competition that require rating and ranking, a rating and ranking priority sheet will be approved by the Steering Committee. The Steering Committee will choose a rating and ranking committee to rate and rank the grant applications. The Steering Committee will be responsible for seeing that all applications are rated and ranked fairly and prioritized in a manner that is best for the entire Continuum and the homeless to be served.

I wish to be a stakeholder/participant in the North Central Oklahoma Continuum of Care.

Stakeholder/Agency Participant

Date

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It is my understanding that by signing this Memorandum of Understanding, I acknowledge that I have read the By Laws of the North Central Oklahoma Continuum of Care (NCOCOC) OK-500 as approved by the NCOCOC Governance Board, and that I am obligating my organization to become active in fulfilling the mission, purposes, and responsibilities outlined therein. Additionally, I am committing my agency and its representatives to conform to the Continuum Code of Conduct and to serve on Continuum Committees as time allows.

Name of Organization

Name(s) of officially designated representative(s) for voting purposes:

(Agencies may have multiple voting representatives, but only one vote per agency is allowed)

Signature of _____ Date _____
Official/Director of Organization

Signature of Lead Agency Representative _____ Date _____
North Central Oklahoma Continuum of Care OK-500