Memorandum of Understanding

With the Arizona Balance of State Continuum of Care

MEMORANDUM OF UNDERSTANDING

Between

ARIZONA BALANCE OF STATE CONTINUUM OF CARE

And

WHEREAS the Balance of State Continuum of Care (BOSCOC) is a collaborative and inclusive community based process for planning and managing homeless assistance resources and services effectively and efficiently to end homelessness in 13 counties of Arizona; Apache, Navajo, Greenlee, Graham, Gila, Cochise, Santa Cruz, Yuma, La Paz, Mohave, Coconino, Yavapai and Pinal.

WHEREAS the BOSCOC consists of a broad spectrum of agencies that include consumers of services, government entities, nonprofit and private sector representative interests and related businesses,

WHEREAS there are local Continuum of Care and Network of Care alliances that also include a broad range of participants and who conduct business as related to the goals and objectives of the BOSCOC,

WHEREAS, the purpose of this Memorandum of Understanding is to encourage cooperation between the parties, and work together to end homelessness for all residents in our counties,

WHEREAS, each party understands that certain activities must be undertaken in order to meet federal, state, and local requirements for funding, and

Now, therefore it be resolved that the agreeing entity officially decrees membership with the Arizona Balance of State Continuum of Care to End Homelessness. This will include sharing membership by including participant organizations in the BOSCOC submission for funding each year; including an update report on the agenda from the BOSCOC at each local meeting; having a minimum of one participant from the local meeting attend a BOSCOC Regional Meeting on a regular basis and to work locally to end homelessness, and,

That this Memorandum of Understanding will remain in force until terminated by written notice by any or all of the parties.

In witness thereof, said entity indicates its intent for collaboration with the Arizona Balance of State Continuum of Care:

Name of entity: _____

Entity type: Continuum of Care   Network of Care   (check one)

Name of Entity Designated Chair: _____

Signature of Designated Chair: _____

Date: _____