**Mission Statement:**  The Albany County Coalition on Homelessness is dedicated to preventing, reducing, and combatting homelessness by ensuring that an effective system of care and services is in place.

ACCH is governed by a Board of Directors **and** its member organizations and individuals. The primary purpose of the ACCH is to openly and thoughtfully discuss and address the problem of homelessness. In addition, the ACCH also ensures that a competitive application for funding is submitted to the U.S. Department of Housing and Urban Development (HUD) on an annual basis.

Meetings are generally held every other month, on the 4th Monday from 3pm to 4:30pm. We meet at 200 Henry Johnson Albany, NY on the 2nd Floor. Membership within the ACCH includes the right to vote on matters which impact the coalition however non-voting members (also known as Friends) are both welcome and encouraged. Members are required to sign a Code of Conduct.

**Please complete the following section (s) and return this form to CARES, Inc. (Jenn Tabankin) at JTabankin@caresny.org**. Once all forms have been returned they will be given to the Governance Committee for review.

Thank you,

ACCH Governance Committee

**Please Select a Level (Member or Friend)**

 **ACCH Member** Members may be persons that represent a nonprofit, a governmental department, a for-profit business, or themselves. The ACCH strongly encourages homeless and formally homeless persons to join the Coalition. Member benefits include; voting rights, **receiving letters of support**, and (where applicable) having its CoC (Continuum of Care) projects ranked and reviewed. By becoming an ACCH Member, you agree to the following:

* All members will have a completed application and Code of Conduct on file prior to the annual meeting in September.
* All members will receive a copy of the ACCH Member Attendance Policy.
* According to the By-laws of the ACCH “members who have missed three out of any four consecutive membership meetings shall not be permitted to vote on matters impacting the ACCH.”

 **Friend of the ACCH** An individual or agency choosing to be a Friend of the ACCH will benefit from the wealth of information within the ACCH. Friends have a voice at the table and we encourage them to participate in discussions. Friends are strongly encouraged to serve on committees, subcommittees or workgroups. By becoming a Friend of the ACCH, agencies and individuals understand that:

* Friends of the ACCH do not have voting rights and do not need to sign the Code of Conduct
* Friends of the ACCH are not required to meet attendance requirements

Agency / Individual Name: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency / Individual Mailing Address and email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My agency is a □ Returning Member □ Returning Friend □ New Member □ New Friend

# My agency is a Continuum of Care (CoC) funded entity: □ Yes □ No

# My agency is an Emergency Solutions Grant (ESG) funded entity: □ Yes □ No

# My agency is/I am interested in participating in a committee or workgroup: □ Yes □ No

Please Provide the Following Information

**What service/population does your agency provide? (check all that apply)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Public Sector**  | **C:\Users\Liz\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\HT15HP8B\MC900441310[1].png** | **Private Sector** | **C:\Users\Liz\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\HT15HP8B\MC900441310[1].png** | **Individual** | **C:\Users\Liz\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\HT15HP8B\MC900441310[1].png** |
| Law Enforcement/Corrections |  | Business |  | Homeless |  |
| Local Government |  | Faith-Based |  | Formerly Homeless |  |
| Workforce Invest Act Board |  | Funder Advocacy Group |  | Other (specify): |  |
| Public Housing  |  | Hospital/Medical |  |  |  |
| School/Universities |  | Non-Profit |  |  |  |
| State Government Agency |  | Other (specify): |  |  |  |
| Other (specify): |  |  |  |  |  |

**Subpopulation Served: (check all that apply)**

|  |  |  |
| --- | --- | --- |
| **Subpopulation** | **C:\Users\Liz\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\HT15HP8B\MC900441310[1].png** | **Primary Subpopulation (Check 1 box)** |
| **Homeless** |  |  |
| **At-risk of Homelessness** |  |  |
| **Chronically Homeless**  |  |  |
| **Families**  |  |  |
| **Youth, ages 18-24** |  |  |
| **Children under the age of 18** |  |  |
| **Domestic Violence/Dating Violence/Sexual Assault/Stalking** |  |  |
| **Veterans**  |  |  |
| **Low-income** |  |  |
| **HIV/AIDS** |  |  |
| **LGBTQ** |  |  |

**Services provided (check all that apply)**

|  |  |
| --- | --- |
| **Service** | **C:\Users\Liz\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\HT15HP8B\MC900441310[1].png** |
| **Permanent Supported Housing (PSH)** |  |
| **Transitional Housing (TH)** |  |
| **Employment Services**  |  |
| **Mental health Clinical Services** |  |
| **Legal Services**  |  |
| **Emergency Homeless Shelter** |  |
| **Homeless Prevention Services** |  |
| **Domestic Violence Victim Services** |  |
| **Case Management (General)** |  |

**FOR MEMBERS ONLY:**

Agencies are required to designate an authorized voting member and we recommend that agencies designate an alternate voting member.

**Authorized Voting Member (Name and Title):**

**Authorized Voting Member Phone Number and Email:**

**Alternate Voting Member (Name and Title):**

**Alternate Voting Member Phone Number and Email:**

**Form Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Governance Committee Section:**

Membership approved □ Yes □ No

Code of Conduct Signed □ Yes □ No

Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **ACCH Code of Conduct**

Members of the **Albany County Coalition on Homelessness** (ACCH) shall maintain the highest standard of conduct; act with fairness, integrity and dignity and in a manner not detrimental to the interest of the public, their employer or the ACCH. Members shall not violate any laws in the performance of their duties within the ACCH.

*Coalition Members shall:*

* Serve their Coalition faithfully, respect confidentiality, and avoid conflicts of interest and activities for personal gain at the expense of the Coalition or fellow members
* Communicate in a manner that is respectful and honest and refrain from making disparaging remarks toward or about fellow ACCH members
* Serve all members of the Coalition impartially, provide no special privilege to any individual member, and accept no personal compensation from a member except with the knowledge and consent of the Coalition's governing board
* Foster an environment where the interaction among members is conducted fairly, and avoid discrimination, harassment or abuse of any sort.
* Maintain competence in promoting Coalition objectives through continued professional development
* Support the Coalition in its efforts to advance the profession of housing and services for the homeless
* Advise the Coalition Co-Chairs concerning any contemplated actions or decisions which they know to be illegal or unethical, and shall further advise the Co-Chairs of the possible consequences of proceeding with such actions or decisions

This Code of Conduct serves to enhance public confidence in the integrity and service of Coalition members. Adherence to this Code is required for membership in the Coalition, and the Coalition shall interpret and enforce the Code in the manner set out in the Coalition's formal discipline process as specified in the Coalition’s By-Laws.

As a member of this coalition, I agree to abide by this Code.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name (if applicable) Date