

Maui Homeless Alliance Application



Membership Packet

The Maui Homeless Alliance (MHA) is a Chapter of the Bridging the Gap Continuum of Care. It serves as a membership organization for homeless service utilizers and community representatives. This coordinating body develops recommendations for programs and services to fill gaps in the Continuum of Care within Maui County and assist in implementing new or expanded programs while preserving effective existing programs. We also provide direction in response to HUD's Continuum of Care annual competition for homeless assistance funds.

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Our Mission is to bring together organizations and individuals dedicated to creating opportunities for compassionate community responses to homelessness.

Our goals:

Create and maintain an alliance that responds to the complex needs of homeless individuals and families,

Actively strive to gain knowledge of community resources that will serve homeless individuals and families,

Reinforce our collaborative work to leverage increased funding and service delivery,

Ensure that homeless persons are treated with dignity and respect.

Membership Levels: All agencies, business, faith-based groups, public offices, and individuals are welcome to participate in Maui Homeless Alliance (MHA). All members must have a commitment to ending homelessness and to creating sustainable housing options.

MHA recognizes four membership categories:

1. Continuum of Care Membership – Any agency who is, has been, or plans to apply for US Housing and Urban Development funds. Each agency receives one vote and may be automatically added to the email list which may include the announcement of funding grants and opportunities.
2. Community Partner Membership- A business, church group, non-profit, civic group, or other business entity may apply by completing an application and paying annual dues. Each member agency receives one vote.
3. Individual Membership- An individual who is a full-time adult student enrolled in a field of study relating to human/social services, elder (age 65 and better). Or individual (living in affordable housing, houseless, formerly houseless, living in a shelter). Individual members pay reduced dues and have one vote.
4. Associate Membership- An individual, business, church group, non-profit, civic group, or other business entity, including government agencies, may apply for associate membership, attend general and committee meetings, and participate in activities of MHA. Associate Members do not pay dues and may not vote.
5. Maui County Government Representative: The Maui County Department of Housing and Human Services may designate up to two individual representatives. Each will receive one vote and no dues will be required.

Annual Letter of Commitment for MHA

To retain active membership in good standing, all categories of members must attend at least 75% of the general meetings as well as participate in at least two special events (such as Homeless Awareness Week Vigil or Resource Fair, the Annual Point in Time count, or Community Outreach activities).

As a member of Maui Homeless Alliance, **Commits to do the following:**

- Support the mission, goals, processes, and leadership of MHA as agreed by the members;
- Send an authorized representative(s) to attend all MHA meeting;
- Prepare for each meeting by reading all pre-distributed material;
- Actively participate in all MHA meetings from beginning to adjournment;
- Join a Committee and actively participate in all committee work;
- Pay Membership Dues if intending to vote or seek waiver;
- Share information from MHA with the group or organization represented and obtain feedback for the MHA;
- Represent MHA at community meetings as needed;
- Advocate for all those who are homeless, at-risk of becoming homeless, or were formerly homeless;
- Provide written notification to the MHA Chairperson and/or MHA Organizational Development Chairperson to end agency's membership.

➤ _____
Organization's Name/MHA Partners Name

Date

Given the responsibilities and time commitment of participation in MHA and its committee, I agree to join according to the following category: (check one box)

All dues collected by MHA will be used in support of our mission. Dues are prorated on a quarterly basis. Please contact Scott Dixon at 242-4900 for assistance.

- General Continuum of Care Membership - \$120
- Community Partner Membership - \$80
- Individual Membership - \$20
- Associate Membership - \$0
- Maui County Government Representative Membership - \$0
- Request for Waiver of dues (fee) from membership committee.
 - Approved Denied

Name/Title _____

Organization's Name: _____

Address/State/Zip Code: _____

Business Phone#: _____ E-mail: _____

I have read and understand this letter of commitment and I will commit and respect its spirit as well as its wording.

Signature

Date

PLEASE ATTACH THE FOLLOWING:

- AGENCY'S SERVICES INFORMATION AND/OR BROCHURE
- DUES PAYMENT

Application to be completed on an Annual basis with the collection of dues.

Any questions, please call 877-7720 for assistance.

2015 MEMBERSHIP DUES INVOICE

Invoice Number: MHA - 2015 - 00

Agency or Individual: _____ Date: _____

Select One Membership Type

Annual Dues

Continuum of Care Membership – Any agency who is, has been, or plans to apply for US Housing and Urban Development funds. Each agency receives one vote and will be automatically added to the email list announcing funding grants and opportunities. **\$120.00**

Community Partner Membership – A business, church group, non-profit, civic group, or other business entity may apply by completing an application and paying annual dues. Each member agency receives one vote. **\$80.00**

Individual Membership - An individual who is a full-time adult student enrolled in a field of study relating to human/social services, elder (age 65 and better), or individual (living in affordable housing, houseless, formerly houseless, living in a shelter). Individual members pay reduced dues and have one vote. **\$20.00**

Associate Membership – An individual, business, church group, non-profit, civic group, or other business entity, including government agencies, may apply for associate membership, attend general and committee meetings, and participate in activities of MHA. Associate Members do not pay dues and may not vote. **\$0.00**

Maui County Government Representative: - The Maui County Department of Housing and Human Concerns may designate up to two individual representatives. Each will receive one vote and no dues will be required. **\$0.00**

Enter amount due and payment based on membership selected: \$____.____

Dues are prorated on a quarterly basis. Please contact Scott Dixon at 242-4900 for assistance. Please Make Checks* Payable To: **Maui Economic Opportunity, Inc.** and mail to:

Maui Homeless Alliance Membership
C/o Scott Dixon of Maui Aids Foundation
1935 Main Street, Ste 101
Wailuku, 96793

Maui Homeless Alliance Membership Representative

Date

*Returned check fee will be \$25.00

Application for MHA Waiver

Any individual or group may apply for a waiver of membership fees. When applying for a fee waiver for membership, please review the following guidelines:

1. For a COC or Community Partner Membership, the fee waiver request must be accompanied by a brief, written explanation of the need. For example, a signed statement referring to an agency policy that prohibits funding of membership fees.
2. For an Individual, the request must be accompanied by a statement of inability to pay with documentation supporting status.
3. Requests for fee waiver will be reviewed by the Membership Committee. Applicants will be notified of the approval or denial of the application.
4. The number of waiver memberships is not to exceed the number of paid memberships.
5. Denials may be appealed in writing within 14 days. Appeals should be mailed to:

Ho`omoana Foundation, 33 Lono Avenue, Ste. 230, Kahului, HI 96732
6. Once granted, waiver, individuals, or groups have full privileges of membership in the category granted.
7. Previously approved fee waivers will not be automatically granted. A request for a fee waiver must be submitted annually.

By signing below, I acknowledge that I have read and understand this policy.

Signature

Date

Printed Name

Business/Organization Name (if applicable)