**Guilford County CoC Annual Membership Form**

**Agency Name:** Please provide the name of your agency here.

**Type of Agency:** *The Guilford County CoC includes representatives of organizations and other nonprofit service providers; victim service providers; faith based organizations; governments; businesses; advocates; public housing agencies; school districts; social service providers; mental health agencies, hospitals, universities, affordable housing developers, law enforcement; foundations and funders; community minded businesses and individuals; organizations that serve homeless and formerly homeless veterans; and homeless and formerly homeless persons to the extent these groups are represented within Guilford County.*

**Mission:** Please provide your agency’s mission statement here.

**Agency Leadership:**

Please list the members of your agency’s leadership team here.

**Programs:**

Please provide a list of all programs offered by your agency here. Please include any stipulations regarding who can participate in/is eligible for these programs.

**Funding Sources:**

Please list any and all funding sources (i.e., grants, community donations) for your agency here.

**Other:**

Please provide any other information that you would like to share about your agency here.

**Name of Person Completing the Form:** Please provide your name here.

**Title:** Please provide your title here.

**Date Completed/Submitted:** Please provide the date this form was completed/submitted here.