



New York State Balance of State Continuum of Care

CoC MERGER AND GEOGRAPHIC INCLUSION POLICY

Policy

It is the policy set forth through the Steering Committee of the New York State Balance of State Continuum of Care (NYS BoS CoC) that any Continuum of Care (CoC) or county interested in joining the NYS BoS CoC follow the prescribed procedure below.

Procedure

- A. The interested CoC or county must have an authorized representative complete the BoS CoC Merger Application and return it to BoS.nys@otda.ny.gov.
- B. The interested CoC or county must formally request to join the NYS BoS CoC in accordance with the voting structure of their current CoC. Meeting minutes documenting the vote should be attached to the application.
- C. Submission of the CoC Merger and Geographic Inclusion Application and documentation of the date and outcome of the vote to join the NYS BoS CoC serves as confirmation that the interested CoC or county will adhere to the [governing structure](#), [policies](#), procedures and membership requirements of the NYS BoS CoC.
 - i. The NYS BoS CoC Steering Committee is comprised of three representatives designated by each local planning body, including the Commissioner of the local social services district, or their designee, and two additional elected members.
- D. The Steering Committee will vote to formally accept the interested CoC or county in accordance with Section III.A. of the NYS BoS CoC Governance Charter.
- E. Documentation of both parties' affirmative vote to merge will be maintained by the Collaborative Applicant.



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CoC MERGER AND GEOGRAPHIC INCLUSION APPLICATION

Current CoC Name and Number

Geography/Counties
Covered by Current CoC

Geography/Counties
Applying to Join BoS

Previous NOFO Score

Applicant Program Award Amount

Collaborative Applicant

HMIS Vendor

Is HMIS shared with other CoCs/counties? If shared, please describe.

Description of Coordinated Entry System

Describe any outstanding HUD findings and attach any relevant correspondence

Describe local meetings and frequency, including sub-committees

List members/agencies involved with the CoC, or county, including DV providers

What benefits does your CoC/county anticipate gaining from joining the BoS CoC?

Additional Information

Date of vote to join the NYS BoS CoC

Check to certify that applicant has reviewed the BoS CoC Governance Charter and policies.