

**Essex County Comprehensive Emergency Assistance Services and Continuum of Care
(CEAS/CoC) Committee Membership Form**

➤ Agency: _____

➤ Services Provided _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

➤ Agency Contact Person: _____

Phone: _____ Fax: _____ Email: _____

➤ Voting Representative*: _____

Please check here if your agency voting representative is the same as the agency contact person listed above. If this box is checked, there is no need to complete below; only the alternate section would need to be completed.

Phone: _____ Fax: _____ Email: _____

➤ Alternate Voting Representative*: _____

Phone: _____ Fax: _____ Email: _____

➤ **Executive Director Name:** _____

Phone _____ Email: _____

CEAS/CoC Member Status:

Yes, I would like to be added as a CEAS/CoC Committee Member

No, I would not like to be added as a CEAS/CoC Committee Member; but would like to be on your distribution list.

Signature of Executive Director

Or Board of Directors: _____ Date: _____

Mail To: Essex County Division of Community Action
Att: CEAS/CoC Committee, Elisa Torres
50 South Clinton Street – 5th Floor
East Orange, NJ 07018

**As per the CEAS/CoC Rules & Procedures-Article II-Membership-Section III states: Each member agency shall have only one (1) voting member appointed to the CEAS/CoC Committee by their Executive Director and/or Board of Directors, although any staff members may attend the Committee meetings. Each agency will designate a primary member and an alternate member. The alternate will have voting privileges only in the absence of the appointed member. If neither the Primary nor Alternate can be present for a vote, please notify the CEAS/CoC of who will cast a vote for your agency. Attendance required at 75% of meetings annually. Participation on a committee required.*