

2025-2026 Stakeholder Registration

Homelessness & Housing Alliance (HHA), the lead agency for the Okaloosa Walton Homeless Continuum of Care (CoC), was formed to develop and implement strategies to eliminate homelessness in Okaloosa and Walton Counties. To become an active CoC Stakeholder for the 2024-2025 fiscal year, please complete and submit the form below along with your annual membership dues.

HHA and its Stakeholders evaluate the needs of the unhoused community and work together to create long-term solutions. Stakeholders will be invited to attend bi-monthly meetings and serve on a task group. Agencies that are active participants will have the opportunity to apply for federal and state funding through a collaborative application submitted by Homelessness & Housing Alliance.

Stakeholders have voting rights and are eligible to serve on the Board of Directors.

FY25-26 membership dues must be in by 31 July 2025 in order to vote at the annual meeting in August. Please note that the fiscal year runs July 1, 2025 - June 30th, 2026.

Be a part of the solution and join us in our efforts to end homelessness!



Determine your membership type

Persons with lived experience: Individuals with lived homelessness experience do not pay a membership fee but should complete the online or mail-in membership form. Individuals in this category maintain the same privileges and voting rights as a non-grant funded individual or agency.

y will receive voting rights on issues presented to the Counties, an opportunity to serve on a committee and by to serve on the Board of Directors, and access to		
nbership □ \$100 Business / Municipality / Faith Based Org. / Non-profit Agency		
bove, these agencies can apply for grant funding		
□ \$300 Non-profit budget of \$250,000 - \$499,999		
□ \$500 Non-profit budget of \$750,000 - \$999,999		
\square \$750 Non-profit budget of \$2,000,000 or more		
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Mail to: Homelessness & Housing Alliance P.O. Box 115 Fort Walton Beach, FL 32549



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Organization Name:			
Website:			
Address:			
Phone:			
Email:			
	email will be added to the email listserve Member Page of HHA's website unless i		
Organization Information	on: (Check any that apply.)		
□ Non-Profit Organization	□ Faith Based Institution	☐ For-Profit Corporation	on Government Entity
☐ Educational Institution	☐ Other: (Please Explain) _		
Designated representat	<u>tive</u>		
(This representative will atte	end regular CoC meetings and	d vote on your organizati	on's behalf)
Name:			
Title:			
Phone:			
E-mail:			
Task Groups/Committe	es:		
•	pes of committees you would	be interested in serving.	Check all that apply.)
☐ Monitoring and Evaluation	n □ Housing	□ Membership	□ Grants
□ Planning	□ HMIS/Data	☐ Supportive Services	3