



# Los Angeles County Perinatal and Early Childhood Home Visitation Consortium

## New Member Application

**Mission:**  
To coordinate, measure and advocate for high quality home-based support to strengthen all expectant and parenting families so that the children of Los Angeles County are healthy, safe and ready to learn.

If you are able to commit to the mission and responsibilities of the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium (LACPECHVC), and would like to be considered for membership, please complete the application form below and submit to the Consortium Coordinator, via email:

[LACPECHVC\\_Coordinator@labestbabies.org](mailto:LACPECHVC_Coordinator@labestbabies.org)

### **Section I**

Organization name:

Organization website:

Organization address:

Organizational representative(s) to the Consortium, authorized to speak on behalf of the Organization:

Representative(s) telephone:

Representative(s) email:

List areas where your organization works:

Best Start Neighborhood (please indicate which):

Countywide

Specific Cities (please list):

Service Planning Area:  SPA 1  SPA 2  SPA 3  SPA 4  SPA 5

SPA 6  SPA 7  SPA 8

Specific Zip Codes (please list):

### **Section II**

Please initial next to each statement below to indicate that you have read the [Consortium's Charter and 2015-2020 Strategic Plan](#) in full, and that your organization is willing and able to commit to the following:

\_\_\_\_\_ My organization understands this Charter and is ready to agree to it.

\_\_\_\_\_ My organization will allocate staff time to meet requirements for engagement, including additional expectations that may be set as the



Consortium continues to implement its Strategic Plan (for example, participating in data collection efforts).

\_\_\_\_\_ My organization will make other contributions to the work of the Consortium (for example, the commitment of a percentage of a staff grant writer's time for a specified period, sharing of expertise, making connections to support the Consortium's priorities, in-kind donations, and/or financial donations).

\_\_\_\_\_ The organizational representative(s) identified in Section I above is/are authorized to speak on behalf of this Member organization (for example, participate in consensus-building discussions on behalf of the Member organization as the Consortium approves annual priorities and policy agenda).

\_\_\_\_\_ My organization will actively participate in at least one Workgroup (The four Workgroups that are implementing the Strategic Goals are: Data, Advocacy, Best Practices, and Referrals.)

\_\_\_\_\_ My organization will regularly attend the quarterly meetings of the full Consortium membership.

\_\_\_\_\_ My organization understands that it is expected to refrain from activities that would detract from, counteract or impede the timely implementation of the Consortium's Strategic Plan, annual action plans, and Workgroup workplans.

\_\_\_\_\_ My organization understands that it may speak on behalf of the Consortium only when empowered to do so by the Membership; explicit approval is required before a Member can present themselves as a representative of the Membership of the Consortium.

\_\_\_\_\_ My organization understands that Consortium decisions are made by a facilitated consensus-building process.

### **Section III**

Please describe why you are interested in becoming a member of the Consortium, what you hope to gain from membership, and what your organization has to offer the Consortium (max 500 words).

**Thank you for your interest!**