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**Continuum of Care (CoC)**

**Board Application**

**Date of application:**

**If you are nominating this person, please complete your contact information of nominating representative** *(note: you can self-nominate)*

|  |  |
| --- | --- |
| Name |  |
| Organization |  |
| Phone number |  |
| Email address |  |

**Applicant Information**

|  |  |
| --- | --- |
| Name |  |
| Organization |  |
| Phone number | Please check preferred method(s) of contact  Office:  Cell:  Email: |
| Email address |  |

**1. Select type of Board seat (may select both):**

Designated

Flexible

**In the table below,** if the Applicant is applying for a Designated Seat, select which Board Seat(s), and if the Applicant is applying for a Flexible Seat, select all Sector(s) the Applicant represents.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Designated:** | | |  | **Flexible:**  *Select all sector(s) you represent:* | |
|  | Person with Lived Experience as Currently or Formerly Homeless | |  | Affordable Housing Developer |
|  | Public Housing Authority | |  | Education |
|  | U.S. Department of Veterans Affairs | |  | Health |
|  | County of San Diego Board of Supervisors | |  | Law Enforcement |
| **Homeless Services Provider:** | | |  | Justice |
|  | | East Region |  | Business |
|  | | North Inland |  | Funder |
|  | | |  | Faith Community |
|  | Homeless Advocate |
|  | Technology/Communication |
|  | Other *(specify below)* |
|  |  |

**2. Candidate Employer Information**

*(Note: Complete if applying as a representative of your organization)*

|  |  |
| --- | --- |
| Name of Organization: |  |
| Job Title: |  |
| Address: |  |
| Type of business or organization: |  |
| Primary service(s) and area/population served: |  |

**3. List any boards and committees you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious and social).**

|  |  |  |
| --- | --- | --- |
| Organization: | Role/Title: | Dates of Service |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |

**4. Do you currently serve on the CoC Board?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | * Yes |  | * No |

|  |  |
| --- | --- |
| *If yes*, what year did you begin serving on the CoC Board? |  |

**5. Do you currently serve as a member of any of the Board’s Committees?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | * Yes |  | * No |

***If yes*, please select which Committee(s):**

|  |  |
| --- | --- |
|  | Governance Advisory Committee |
|  | Evaluation Advisory Committee |
|  | Rating & Ranking Sub-Committee |
|  | Homeless Management Information System (HMIS) Sub-Committee |
|  | Veterans Consortium |
|  | Addressing Homelessness Among Black San Diegans Ad Hoc Committee |
|  | Aging and Homelessness Ad Hoc Committee\* |
|  | Health and Homelessness Ad Hoc Committee\* |

\* Combining into the Aging, Health, and Homelessness Ad Hoc Committee

**6. Demographics:** We ask that prospective Board Members complete these **optional** demographic questions **(check all that apply).** These questions align with HUD data collection and may be used for HUD applications.

Gender

|  |  |  |  |
| --- | --- | --- | --- |
|  | Male |  | Female |

Race

|  |  |  |  |
| --- | --- | --- | --- |
|  | American Indian, Alaska Native, or Indigenous |  | Native Hawaiian or Pacific Islander |
|  | Asian or Asian American |  | White |
|  | Black, African American, or African |  | Multi-Racial |
|  | Hispanic/Latino/e/o |  | Other: *(specify below)* |
|  | Middle Eastern or North African |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7.** | **Age:** |  | 18-24 |  | 25-54 |  | 55-64 |  | 65+ |

**8. Military Status:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Veteran |  | Active Duty |  | Reserve Duty |  | Not Applicable |

**9. Are you currently experiencing homelessness, or have you in the past?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *If yes:* |  | Current-5 years ago |  | 6-10 years ago |  | 11+ years ago |

If yes, please share information about your experience with homelessness (i.e., the type of homelessness you experienced and/or resources that helped you).

**10. Skills, experience and interests** (please check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Finance, accounting |  | Special events |
|  | Advocacy |  | Grant writing / Fundraising |
|  | Administration, management |  | Outreach |
|  | Nonprofit experience |  | Legal/Law |
|  | Community service |  | Homeless Provider (current-5 years ago) |
|  | Policy development |  | Homeless Provider (6-10 years ago) |
|  | Program evaluation |  | Homeless Provider (11+ years ago) |
|  | Public relations, communications |  | Other: *(specify below)* |
|  | Education, instruction |

**11. How do you feel the CoC would benefit from your involvement on the Board?**

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| --- |
|  |

**12. As a Board member, how would you engage other systems in the CoC to implement the actions outlined in the Regional Community Action Plan to Prevent and End Homelessness. If you need a copy of this document, please reach out to** [**admin@rtfhsd.org**](mailto:admin@rtfhsd.org)**.**

|  |
| --- |
|  |

**13.** **Describe how you may be able to contribute to the mission of the Board, and any groups or organizations you could serve as a liaison to on behalf of the Board.**

|  |
| --- |
|  |

**14. If selected for the Board, please identify up to one proxy who represents the stakeholder group of the seat for which you are applying.**  Please review the CoC Board Policy #6: Board Member Proxy (Appendix G of the Charter). The proxy member can attend Board meetings on your behalf, and vote on any action items that come before the Board.

|  |  |  |
| --- | --- | --- |
| Proxy name: |  | |
| Proxy email: |  | |
| Proxy phone number: | |  |

**15. If not currently on a Committee, please identify any of the CoC Board’s Committees you may be interested in serving on:**

|  |  |
| --- | --- |
|  | Governance Advisory Committee |
|  | Evaluation Advisory Committee |
|  | Rating & Ranking Sub-Committee  *note: any organization potentially receiving HUD funding is excluded from participation on this sub-committee* |
|  | Homeless Management Information System (HMIS) Sub-Committee |
|  | Veterans Consortium |
|  | Addressing Homelessness Among Black San Diegans Ad Hoc Committee |
|  | Aging, Health, and Homelessness Ad Hoc Committee |
|  | Justice Impacted Ad Hoc Committee |
|  | Youth Homelessness Ad Hoc Committee |
|  | No, I am not interested in serving on a committee |

**Members of the CoC Board of Directors must:**

* Be members of the CoC Full Membership. Annual dues for individuals with lived experience are waived; and
* Commit in writing to attend a minimum of 50% of Board meetings to be considered in good standing.

**In submitting this application, you verify that you will follow the Board of Directors policies and procedures, to include signing the [CoC Board and Committee Commitment Form.](https://www.rtfhsd.org/wp-content/uploads/2024/11/2024-Continuum-of-Care-Board-and-Committee-Member-Commitment-Form.docx)**

Thank you very much for applying.