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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?**

|  |
| --- |
|       |

**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****.**

|  |
| --- |
|       |

**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.