

Continuum of Care (CoC) Board Membership Application

The CoC Governing Board provides ongoing leadership, administrative oversight, and implementation responsibility for fulfilling the purposes of the Lee County CoC, including the responsibilities set forth in the CoC Governance Charter. Membership on the CoC Governing board is constituted by the completion of this application and majority favorable vote by the CoC General Membership.

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Organization: _____

Position/Title: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

All terms of Board Membership shall be 1 calendar year in length. Representatives who vacate a seat during their term will be responsible for replacing their seat with an appropriate board member. Notification of the replacement will be made to Lee County. The seat of any representative that is absent, without cause, for one Board meeting will be declared vacated. The representative who has vacated in this manner may still replace their seat with an appropriate board member.

Board Composition

What service area, jurisdiction, or special population do you represent? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Homeless/Formerly Homeless
<input type="checkbox"/> Persons with substance use disorders
<input type="checkbox"/> Persons with HIV/AIDS
<input type="checkbox"/> Veterans
<input type="checkbox"/> Persons who are chronically homeless
<input type="checkbox"/> Families with children
<input type="checkbox"/> Unaccompanied youth
<input type="checkbox"/> Persons who are seriously mentally ill
<input type="checkbox"/> Persons who are victims of domestic violence
<input type="checkbox"/> Faith Based
<input type="checkbox"/> Faith-based organizations | <input type="checkbox"/> Businesses
<input type="checkbox"/> Public Housing Agencies
<input type="checkbox"/> School districts
<input type="checkbox"/> Mental health care providers
<input type="checkbox"/> Health care providers
<input type="checkbox"/> University/Academia
<input type="checkbox"/> Affordable Housing Developers
<input type="checkbox"/> Foundations
<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> CoC Lead Agency
<input type="checkbox"/> Other: _____ |
|---|--|

Subcommittees

Do you have special interest or knowledge in any of the following areas? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Coordinated Entry
<input type="checkbox"/> Community Outreach and Awareness
<input type="checkbox"/> Community Resources and Needs | <input type="checkbox"/> Research, Education, and Advocacy
<input type="checkbox"/> Other: _____ |
|---|---|

Financial/Grant Disclosures

Does your organization currently receive funding or intend to apply for, any of the following grant programs:
(Check all that apply)

Please Note: Receipt or application of funding does not disqualify you from serving on the CoC Board, nor does serving on the CoC Board disqualify you from receiving or applying for funding.

- | | |
|--|--|
| <input type="checkbox"/> Continuum of Care | <input type="checkbox"/> Challenge Grant |
| <input type="checkbox"/> Emergency Shelter Grant | <input type="checkbox"/> Community Development Block Grant |
| <input type="checkbox"/> Temporary Assistance for Needy Families | <input type="checkbox"/> HOME |

Statement of Commitment

By signing below, if elected to the Lee County Continuum of Care Governing Board, I understand that I will attend all CoC Governing Board meetings. I also understand that Governing Board members, committee members, and other CoC agents and employees must exercise care, diligence, and prudence when acting on behalf of the Lee County CoC. I will complete work undertaken on behalf of the CoC in a timely manner, attend Board and/or committee meetings, and be prepared to discuss matters presented for deliberation. I will notify the Board Chair or Lee County, via email, if I cannot attend a meeting. I understand that absence without notice or explanation for one regular board meeting within a calendar year, or repeated failure to complete work assignments, will be grounds for review of my membership on the Board and/or committee assignments.

Signature:

Title:

Date:

FOR CoC USE ONLY

Motion to approve membership by: _____

Seconded by: _____

Membership Vote: _____

Election Date: _____

Signature of CoC Chair or Lee County DHS: _____