

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.

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.

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

Organization: _____

Position/Title: _____

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

Email: _____ **Phone:** _____

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

OPTIONAL: Race and Ethnic Representation (Check all that apply)

- Hispanic or Latino
- Not Hispanic or Latino

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Subcommittees

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

- Events Committee** – Planning for annual point in time, candle light vigil, and other awareness events.
- Data Committee** – Oversight and planning for the Homeless Management Information System.
- Communication Committee** – Marketing for CoC initiatives and programs.
- Resources Committee** – Research and documentation of available housing and service resources, including research and recommendation of best practices.
- Coordinated Entry Committee** – Oversight and planning for the CoC-wide housing prioritization system.
- Project Performance, Evaluation and Ranking Committee** – Monitoring of project performance and funding application review.

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"/> Community Development Block Grant |
| <input type="checkbox"/> Emergency Solutions Grant | <input type="checkbox"/> HOME |
| <input type="checkbox"/> Temporary Assistance for Needy Families | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Challenge Grant | |

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:

E-mail Completed Application to CoC@leegov.com.

Annual Conflict of Interest Acknowledgement Form

Governing Board members must sign a conflict of interest form annually, affirming that they have reviewed the conflict of interest policy and disclosing any conflicts of interest that they face or are likely to face in fulfillment of their duties as board members.

Conflict of Interest Disclosure Statement

I have read and am fully familiar with the Lee County Continuum of Care's Conflict of Interest policy as described in the Governance Charter. Except for the matters listed below, there is no situation in which I am involved in which my decision on behalf of the Lee County Continuum of Care may be influenced by my own gain or advantage, financial or otherwise.

Please describe any existing or potential conflict of interest associated with any particular contract or transaction relating to your role within the Lee County Continuum of Care. If "none," please indicate in space below.

I agree to promptly, in accordance with the requirements of the Lee County Continuum of Care Governance Charter Section VIII. Code of Conduct and Conflicts of Interest; disclose any additional interest, which may arise after the filing of this statement.

Date: _____

Signature

Print Name

Agency Name