



HOMELESSNESS SERVICES

**Sonoma County Continuum of Care (CoC) Board
2023 Nomination Form**

Name of Nominee: _____ Agency: _____

Telephone: _____ Email: _____

The CoC Consolidated Application requires CoC Lead Agency to include specific race and ethnicity information for those included in CoC Board, committees, and activities. Responses must specifically identify the race(s) and ethnicities overrepresented in our homeless care system and provide the percentage of their over-representation. Please select all that apply.

How would you describe your racial/ ethnic identity?

- Latino (North America) Latino (Central America) Latino (Other group)
- Another Race or Ethnicity Asian Native Hawaiian or Pacific Islander Black or African American
- Afro Caribbean Indigenous or Tribal Nations White Other: _____ Prefer not to answer

Geographical Area or Subpopulation(s) Represented: _____

Other reasons the nominee should be considered for the CoC Board: _____

Please fill out this section only if you are nominating someone other than yourself. Please ensure you forward the Statement of Interest form to the individual you are nominating for completion.

Name of Nominator: _____ Agency: _____

Contact Information: _____ Signature of Nominator: _____

Vacant Seats for Election by the CoC Voting Members

1 At Large: No CoC membership requirements and anyone can apply; elected by voting the CoC voting members.

1 Homeless Service Provider: One representative of a homeless services provider different than the one with an appointed seat, as elected by CoC voting members.

1 Licensed Health Care Organization: One representative from a licensed health care organization, as elected by CoC voting members.

