

Butte Countywide Homeless Continuum of Care
CoC Council Member Nomination Form
 Presented 10/21/19

Name of person being nominated:	
Phone:	Email:
Title and Agency (if applicable):	
Service Area: <i>Please select up to two categories in which the person might serve as a council representative.</i>	
<input type="checkbox"/> Affordable Housing Developers <input checked="" type="checkbox"/> CDBG/HOME/ESG Entitled Jurisdiction and Local Government Staff <input type="checkbox"/> Disability Service Organizations and Disability Advocates <input checked="" type="checkbox"/> Domestic Violence Advocates <input type="checkbox"/> Emergency Shelters <input type="checkbox"/> Faith-Based Organizations <input type="checkbox"/> Higher Educational Institutions <input checked="" type="checkbox"/> Homeless or Formerly Homeless Individuals <input type="checkbox"/> Hospitals and Crisis Response Teams <input type="checkbox"/> Law Enforcement and Jails <input type="checkbox"/> Lesbian Gay Bisexual Transgender (LGBT) Service Organizations and LGBT Advocates <input type="checkbox"/> Mental Health Service Organizations <input type="checkbox"/> Public Housing Authorities <input checked="" type="checkbox"/> School Administrators and Homeless Liaisons (Preschool-12th Grade) <input type="checkbox"/> Street Outreach Teams <input type="checkbox"/> Substance Abuse Service Organization <input checked="" type="checkbox"/> Veteran Services <input type="checkbox"/> Victim Service Providers <input checked="" type="checkbox"/> Youth Homeless Organizations and Youth Advocates <input type="checkbox"/> Other Homeless Subpopulation Advocates <input type="checkbox"/> Other	
What expertise would this individual bring to the council?	
Name of person making nomination (if different from nominee):	
Phone:	Email: