



Butte Countywide Homeless Continuum of Care

Elections Policy: 2024 CoC Council Member Nomination Form

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>	
<p>The CoC Program interim rule requires that:</p> <p>1) CoC boards must include at least one homeless or formerly homeless individual.</p> <p><input type="checkbox"/> Homeless or Formerly Homeless Individual</p> <p>2) CoC boards must represent the relevant organizations and projects serving homeless subpopulations (such as persons with substance use disorders; persons with HIV/AIDS; veterans; the chronically homeless; families with children; unaccompanied youth; the seriously mentally ill; and victims of domestic violence, dating violence, sexual assault, and stalking) within the CoC’s geographic area.</p> <p><input type="checkbox"/> Affordable Housing Developer</p> <p><input type="checkbox"/> CDBG/HOME/ESG Entitled Jurisdiction /Local Government Staff</p> <p><input type="checkbox"/> Disability Service Organizations and Disability Advocate</p> <p><input type="checkbox"/> Domestic Violence Service Provider</p> <p><input type="checkbox"/> Emergency Shelter</p> <p><input type="checkbox"/> Employment and Social Services Organizations</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input type="checkbox"/> Higher Educational Institution</p> <p><input type="checkbox"/> Hospital and/or Crisis Response Teams</p> <p><input type="checkbox"/> Law Enforcement and Jails</p> <p><input type="checkbox"/> Lesbian Gay Bisexual Transgender Queer and Others (LGBTQ+) Service Organizations /Advocates</p> <p><input type="checkbox"/> Mental Health Service Organization</p> <p><input type="checkbox"/> Public Housing Authorities</p> <p><input type="checkbox"/> School Administrator and Homeless Liaisons (Preschool-12th Grade)</p> <p><input type="checkbox"/> Street Outreach Teams</p> <p><input type="checkbox"/> Substance Abuse Service Organization</p> <p><input type="checkbox"/> Tribal Nations or Indigenous Entities</p> <p><input type="checkbox"/> Veteran Services</p> <p><input type="checkbox"/> Youth Homeless Organizations and Youth Advocates</p> <p><input type="checkbox"/> Other Homeless Subpopulation Advocates:</p> <p><input type="checkbox"/> Other Homeless Subpopulation Advocates:</p>	

What expertise would this individual bring to the council?	
Name of person making nomination (if different from nominee):	
Phone:	Email: