**2015 Nominations for Detroit Continuum of Care (CoC) Board**

**Elected Seats**

The Detroit CoC is required to establish a Board that is made up of the CoC and it must act on behalf of the Detroit CoC. In order to apply for a CoC Board elected seat a person **must** be a member of the CoC in good standing.

The Detroit CoC Board consists of no less than 19 or more than 25 members with at least 50% elected at any given time. The precise number for any given year will be announced with the annual call for nominees; there will be 16 Elected Seats this year. No more than one staff person and/or Board Member of a single agency/organization may be an Elected Member of the Detroit CoC Board.

Members of the Detroit Continuum of Care Board represent local funders, government, service providers, consumers and other community members whose interests relate to homeless services and housing systems. Specifically, the Detroit Continuum of Care Board consists of the following:

|  |  |
| --- | --- |
| **COC BOARD SEAT DESIGNATIONS** | |
| **Elected Seats (10-16)** | **Appointed Seats (Up to 9)** |
| * 4-7 Direct Homeless Service Providers, at least one (1) for a CoC Program Recipient * 1-2 Homeless or Formerly Homeless Individuals * 5-7 Members at Large (Faith-Based Organization, Homeless Advocacy or other appropriate advocacy agencies, Business Entities, Public Schools and/or Higher Education Institution, Department of Health and Human Services, Veterans Administration, Detroit Housing Commission, Department of Community Health, Healthcare for the Homeless and/or Hospital, Police Department, Workforce Development, Department of Corrections, Landlords, Philanthropy/foundation, State and/or Federal Interagency Council on Homelessness) | * Collaborative Applicant * Consolidated Plan Entity * CoC Lead Agency * Detroit City Council * ESG Grantee * Hamtramck, Mayor’s Office * Highland Park, Mayor’s Office * HMIS Lead * State Entity |

|  |  |
| --- | --- |
| **DETROIT COC BOARD NOMINATION** | |
| Name of Individual Submitting Nomination |  |
| Agency (if applicable) |  |
| E-mail Contact Information |  |
| Telephone Contact Information |  |
|  | |
| Are you nominating yourself or someone else (check one)? | Self Another Person |
| **If nominating someone else, please provide his/her name and contact information below** | |
| Individual Suggested for Nomination |  |
| Agency (if applicable) |  |
| E-mail Contact Information for Individual |  |
| Telephone Contact Information |  |
|  | |
| Which Elected Seat could this nominee fill? | Direct Homeless Service Provider  Current/Formerly Homeless  Member-At-Large |
| **PLEASE EXPLAIN WHY THIS INDIVIDUAL IS BEING NOMINATED** | |
|  | |
| **NEXT STEPS** | |
| Please contact the individual suggested for nomination to ask if he/she would like to be nominated for the Detroit CoC Board. If yes, please submit this nomination form to HAND at [cocdetroit@gmail.com](mailto:cocdetroit@gmail.com). HAND and the CoC Governance Implementation Committee will review the nominations and will inform the nominee of the decision of whether or not he/she is selected to move forward with the next steps in the application process. Remember in order to serve on the CoC Board, a person **must** be a member in good standing of the CoC.    If self-nominating, please submit this nomination form and completed board application to HAND at [cocdetroit@gmail.com](mailto:cocdetroit@gmail.com) | |