



Detroit Continuum of Care Governance Charter

Detroit Continuum of Care
Date of Approval: May 19, 2015
Revised: May 17, 2016

Detroit Continuum of Care Governance Charter

Table of Contents

Continuum of Care Background	2
Overview.....	2
I. Establishing the Detroit Continuum of Care.....	3
Membership in the Detroit Continuum of Care	3
Levels of Membership in the Detroit Continuum of Care	4
Meetings.....	5
Quorum	5
Decision-Making	5
Code of Conduct / Conflict of Interest / Recusal Process for Continuum of Care Members.....	5
Responsibilities	5
II. Establishing the Detroit Continuum of Care Board	6
Board Membership.....	6
Board Officers.....	7
Vacancy, Removal and Resignation	8
Meetings.....	9
Quorum	9
Decision-Making	9
Code of Conduct / Conflict of Interest / Recusal Process for Continuum of Care Board.....	9
Responsibilities	10
III. Establishing the Detroit Continuum of Care Committees	10
Committee Membership	11
Meetings.....	11
Quorum	11
Decision-Making	11
Code of Conduct / Conflict of Interest / Recusal Process	11
Responsibilities	12
IV. Roles of the Designated Entities.....	12
Continuum of Care Lead Agency	12
Collaborative Applicant	13
HMIS Lead.....	13
V. Reviewing and Updating the Charter	14 13
Process for Updating the Charter	14 13
Review and Updating History	14
Table 1. Responsibilities of Continuum of Care Entities	14

Continuum of Care Background

The [Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009](#) (HEARTH Act) amended the McKinney-Vento Homeless Assistance Act. The HEARTH Act amendments to the McKinney-Vento Homeless Assistance Act codified in law the role and functions of the Continuum of Care (CoC); thus each community must establish a CoC in compliance with the new CoC Program interim rule. HUD published the [Continuum of Care Program interim rule](#) (24 CFR Part 578) in the *Federal Register* on July 31, 2012. The rule now governs the CoC Program.

Overview

The Detroit Continuum of Care coordinates the implementation of a housing and service system that meets the needs of all persons experiencing homelessness throughout its geography. The Homeless Prevention and Response System includes:

- Outreach, engagement, and assessment;
- Shelter, housing, and supportive services; and
- Homelessness prevention and diversion strategies.

This Governance Charter outlines the roles and responsibilities of the Detroit Continuum of Care, the Detroit Continuum of Care Board, Continuum of Care Committees, the Continuum of Care Lead Agency, the Collaborative Applicant and the Homeless Management Information System (HMIS) Lead. Below is a brief description of each entity:

- The **Detroit Continuum of Care** is a year-round planning body of representative stakeholders in the community's work toward ending homelessness. Its work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implement strategic responses, and measure results.
- The **Detroit Continuum of Care Board** is a group of elected leaders of the Continuum of Care who have authority to make decisions on behalf of the Continuum of Care.
- The **Continuum of Care Committees** are the action planning components of the Continuum. In the Committees, strategies are developed, deepened and expanded into timed work plans.
- The **Continuum of Care Lead Agency** provides administrative and meeting support to the Continuum of Care, Continuum of Care Board and the Committees.
- The **Collaborative Applicant** is designated by the Continuum of Care to prepare and submit the Continuum of Care funding application to HUD each year.
- The **HMIS Lead** is designated to provide oversight and implementation support to the Detroit Continuum of Care's HMIS.

Additional roles and responsibilities for each of these entities can be found in Table 1 on page 14.

This Governance Charter was developed by the members of the Detroit Continuum of Care in consultation with the Collaborative Applicant and the HMIS Lead.

The Detroit Continuum of Care's primary responsibilities include the following:

- Establishing the Continuum of Care
- Operating the Continuum of Care

Detroit Continuum of Care Governance Charter

- Continuum of Care Governance and Management
- System and Project-Level Performance
- Coordinated Assessment System
- Written Standards
- Designating an HMIS for the Continuum of Care
- Planning for the Continuum's Geographic Area
 - Coordinated System of Care

I. Establishing the Detroit Continuum of Care

Representatives from relevant organizations within a geographic area shall establish a Continuum of Care for the geographic area to carry out the duties outlined in this Governance Charter. The Detroit Continuum of Care is a community group of stakeholders with a shared vision.

Membership in the Detroit Continuum of Care

Membership in the Continuum of Care should ensure community wide commitment to preventing and ending homelessness and must represent the entire geographic area covered by the Detroit Continuum of Care. The Detroit Continuum of Care defines "a commitment to preventing and ending homelessness" by the willingness to assist and impact the lives of people who are experiencing homelessness as well as to the prevention and ending of the socially important condition of homelessness. The Detroit Continuum of Care includes the City of Detroit, Hamtramck and Highland Park.

The following parties are represented on the Detroit Continuum of Care. An official membership list is documented and published by the CoC Lead Agency.

- Non-Profit Homeless Assistance Providers
- Victim Service Providers
- Faith-Based Organizations
- Governments
- Local Municipalities
- Businesses
- Advocates
- Public Housing Agencies
- School Districts
- Social Service Providers
- Mental Health Agencies
- Hospitals
- Universities
- Affordable Housing Developers
- Law Enforcement
- Veteran Service Organizations
- Persons who are/have experienced homelessness

The Detroit Continuum of Care invites new members to join at any time during the year. Annually, the Detroit Continuum of Care will issue a public invitation for any interested person within the geographic

Detroit Continuum of Care Governance Charter

area to become a member of the CoC. The invitation is made public through CoC Lead Agency's website and an email message to all interested parties on the Detroit Continuum of Care email listserv.

Levels of Membership in the Detroit Continuum of Care

The following levels of membership exist:

- Non-Voting Members
- Voting Members

Non-Voting Members

Any person who attends at least one meeting per calendar year is considered a Non-Voting Member in good standing of the Detroit Continuum of Care. Non-Voting Members receive information from the Detroit Continuum of Care including, but not limited to, meeting notices, Continuum of Care meeting minutes and Continuum of Care reports. To remain in good standing, Non-Voting Members must attend at least one meeting a calendar year in order to maintain their membership.

Voting Members

In order to become a voting member of the Detroit Continuum of Care, a person must be a member of the Detroit Continuum of Care in good standing and complete a Detroit Continuum of Care Voting Member Application Form. Each application will be reviewed and approved by the Continuum of Care Lead Agency and Secretary of the Continuum of Care Board following CoC-approved application standards. Once the application form has been approved and the attendance requirements met, the CoC Lead Agency will notify the person/agency of their voting status. There is no minimum or maximum number of voting members on the Detroit Continuum of Care.

An individual who does not work for or represents an agency/organization may be nominated and elected as a voting member of the Continuum of Care to represent themselves. An individual may submit an application to become a voting member after their attendance at one Continuum of Care meeting.

An agency/organization may submit an application to receive voting status after attendance at one Continuum of Care meeting. An agency/organization may identify two (2) persons who may vote on behalf of the agency/organization. Only one (1) representative of an agency/organization may cast a vote on each action. In the event that neither representative can attend a duly called meeting, he or she may, with prior notice to the Chair, designate a proxy. Designations of proxies to conduct business should be rare. If a Continuum of Care voting member is unable to routinely conduct business, the agency/organization should seek to assign representation to another individual.

Terms of Service

Members of the Continuum of Care will retain their membership and voting status as long as they are in good standing. To remain in good standing, Voting Members must attend 75% of the regularly scheduled meetings within a calendar year. Attendance at meetings is tracked on an individual basis, not at the agency/organization level. Therefore, for a Voting Member of an agency/organization to remain in good standing they must attend at least 75% of the meetings. A regularly scheduled meeting includes meetings that are on the annual meeting schedule and are publicly announced at the beginning of the calendar year.

Meetings

The Detroit Continuum of Care will hold meetings at least four times per year of the full membership. At the beginning of each calendar year, the annual meeting schedule including dates, times and location of the meetings will be made publicly available.

The agendas must be published at least two (2) weeks in advance of the meeting date through the CoC Lead Agency's website and an email message to all interested parties on the Detroit Continuum of Care email listserv. Notes from the meeting will be posted publicly within seven business days of the meeting on the CoC Lead Agency's website by the CoC Lead Agency.

Quorum

A majority of 51% of the Detroit Continuum of Care voting membership constitute a quorum at all meetings of the Detroit Continuum of Care. No new business will be conducted unless a quorum is present.

Decision-Making

Robert's Rules of Order will be followed to open and close each meeting and to bring a motion to the floor. The Continuum of Care will strive to make decisions through modified consensus (i.e. consensus minus one). When consensus is not possible, decisions shall be made by a vote of the majority of voting members present.

The Detroit Continuum of Care may take an action without a meeting if:

- The action is within the authority of the Detroit Continuum of Care;
- Notice is provided;
- It is approved via email or other electronic means (or letter when email is unavailable);
- By a majority of all Detroit CoC voting members who are entitled to vote on that matter

Code of Conduct / Conflict of Interest / Recusal Process for Continuum of Care Members

No member may participate in or influence decisions concerning the award of a grant or other financial benefits to the organization that the member represents or to themselves as individuals. Therefore, any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue. Individuals with a conflict of interest should abstain from discussion and voting on any issue in which they may have a conflict. A Conflict of Interest Policy will be approved by the Continuum of Care annually.

Annual written disclosure statements will be provided to each voting member by the first Tuesday in January. Voting Members will not be permitted to participate in a discussion or a vote until the statement is on file with the CoC Lead Agency. All voting members shall have the right to recuse themselves from voting on a matter without providing excuse.

Responsibilities

The Detroit Continuum of Care has specific responsibilities as outlined in the Continuum of Care Interim Rule. The responsibilities required by the Continuum of Care Interim Rule are outlined in Table 1 on page 14 of this Governance Charter. The Detroit Continuum of Care retains all of the responsibilities listed, even if it designates eligible applicants other than itself to apply for funds. Responsibilities extend to approval of the Continuum of Care Program application for funding.

Additional responsibilities set forth by the Continuum of Care include:

- Receive community and public policy updates relevant to homelessness issues;
- Advocate on behalf of all persons experiencing homelessness, including the implementation of efficient and effective service provision regardless of funding sources;
- Receive updates on the Plan to Prevent and End Homelessness;
- Review and act on the annual CoC-funding allocations;
- Review and act on additional HUD required activities; and
- Select two designees from the membership of the Detroit CoC Board to serve as representatives of the CoC on the statewide regional council. These representatives are required to provide updates at the CoC meetings.

II. Establishing the Detroit Continuum of Care Board

The Detroit Continuum of Care is required to establish a Board that is made up of the Continuum of Care and it must act on behalf of the Detroit Continuum of Care.

Board Membership

These written procedures for selecting Board Members will be reviewed, updated and approved at least once every 5 years by the Detroit Continuum of Care.

The Detroit Continuum of Care 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. No more than one staff person and/or Board Member of a single agency/ organization may be an Elected Member of the Detroit Continuum of Care Board.

With the exception of the founding election, Detroit CoC Board Elected Members will serve three (3) year terms up to a maximum of six (6) consecutive years (including partial terms) before rotating off for at least one (1) year. Elected Member terms will be staggered such that approximately one-third (1/3) are up for election each year. There are no term limits for Appointed Members however each year the Appointed Member must receive a Vote of Confidence from the designated entity appointing them and from the Continuum of Care 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:

- **Ten to Sixteen (10-16) Elected Seats**
 - o 4-7 Direct Homeless Service Providers, at least one (1) for a CoC Program Recipient
 - o 1-2 Homeless or Formerly Homeless Individuals
 - o 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)

Detroit Continuum of Care Governance Charter

- Named designees for up to nine (9) **Appointed Seats**
 - o Collaborative Applicant
 - o Consolidated Plan Entity
 - o CoC Lead Agency
 - o Detroit City Council
 - o ESG Grantee
 - o Hamtramck, Mayor's Office
 - o Highland Park, Mayor's Office
 - o HMIS Lead
 - o State Entity

In managing the number and composition of Detroit CoC Board members, the following will be true:

- Each seat has a vote as exercised by a named individual, and each individual may exercise only one vote.
- With the exception of short-termed vacancies, there will always be an odd number of Detroit CoC Board members.
- The Detroit CoC Board should represent a diverse set of service, population and program interests.
- Direct service providers can include those who do and do not receive federal funding; those serving individuals, families, youth, veterans or any other targeted population; a wide range of services such as outreach, shelter, transitional housing, rapid re-housing, permanent supportive housing, victim services, service only, etc.
- At-Large seats provide flexibility in maintaining an odd number of Detroit CoC Board members while responding to community and strategic needs at any given time.
- 'Appointed Entities' must appoint an individual designee to represent the 'Appointed Entity' on the CoC Board. The appointment is good for one year and may be renewed annually by the submission of a Vote of Confidence on behalf of the 'Appointed Entity' to the CoC Board.
- Appointed entities holding more than one concurrent appointment have the discretion to fill fewer than their allowable number of seats. Regardless, individual designees may only exercise one vote.

The election process will include at least the following:

- Calls for nominations, vetting of nominations received and ballot announcement will happen between the first and second meeting of the calendar year.
- Nominees must be eligible to vote in order to compete in the election
- Ballots will be arranged by the three (3) categories delineated above
- Votes may be cast for up to the maximum number of seats within a category. Ballots that vote for more than the number of seats in a particular category will not be counted for that category only
- Individuals receiving the highest votes for a given seat will be declared the winner
- In the event of a tie for a specific seat, the individuals involved will have their names put on a second ballot for that seat. The individual receiving the highest vote for that seat will be declared the winner

Board Officers

The officers of the Detroit Continuum of Care Board are a Chair, Vice Chair and Secretary.

Election and Term

The Detroit Continuum of Care Board will elect a chairperson, a vice chairperson and a secretary at the first meeting of the calendar year. Officers elected in the first year will serve staggered terms, with the chairperson serving three (3) years, the vice chairperson serving two (2) years, and the secretary serving one (1) year. Thereafter, officers will serve three (3) year terms. An officer cannot serve for more than two (2) consecutive terms in the same role.

Chair and Vice Chair

The Chair is responsible for scheduling meetings, ensuring that the CoC and CoC Board meets regularly or as needed, sets the agenda for meetings of the CoC and CoC Board, chairs the CoC and CoC Board meetings, and signs any required and/or necessary documents on behalf of the Detroit Continuum of Care. In the absence of the Chair, the Vice Chair assumes the duties of the Chair. The Chair and Vice Chair shall perform other duties as the CoC may designate.

Secretary

The Secretary keeps accurate records of the acts and proceedings of all meetings of the CoC and CoC Board, or designates another person to do so at each meeting, including all actions taken without a meeting. Such records will include the names of those in attendance. The Secretary submits all meeting minutes to the CoC Lead Agency for posting to the CoC Lead Agency website. The Secretary reviews and approves Continuum of Care applications for voting member status with the CoC Lead Agency. The Secretary shall perform other duties as the CoC may designate, and shall chair CoC meetings in the case of the absence of the Chair and Vice Chair.

Executive Committee: Plan board meetings, acting on behalf of the board when necessary. All decisions made by the Executive Committee are brought to the next board meeting. Members of the Executive Committee will include the Chair, Vice Chair and Secretary.

Vacancy, Removal and Resignation

Vacancy

In the event of an Elected Seat vacancy, the members of the Detroit CoC Board will elect a successor to hold the vacant seat for the remainder of the term of the person vacating the seat. At the end of the term, a regular election will be held as described in this charter. In the event of an Appointed Seat vacancy, the Appointed Entity must appoint an individual designee to fill the vacant seat.

Removal

Members of the Detroit CoC Board may remove a Board member (elected or appointed) who is absent for two (2) Board regularly scheduled meetings in any twelve-month period. Unexcused absences from special meetings will generally not be considered in this calculation but may be included as appropriate. Absences are considered excused if the CoC Board Chair is notified within 8 hours of the meeting via phone, e-mail, or letter.

Detroit CoC Board members (elected or appointed) may also be removed by a $\frac{3}{4}$ vote of the Detroit CoC Board then-seated for cause including but not limited to:

- Failure to perform Board duties
- Failure to comply with this Charter and/or applicable policies

Detroit Continuum of Care Governance Charter

- Engaging in conduct that constitutes a conflict of interest
- Engaging in behavior that causes harm to the reputation of the Continuum

Such seats will then be filled through the process described above under vacancies.

Resignation

Unless otherwise provided by written agreement, any member of the Detroit CoC Board may resign at any time by giving written notice to the Chair. Any such resignations will take effect at the time specified within the written notice or if the time is not specified in the written notice it will take effect upon its acceptance by the Detroit CoC Board.

Meetings

The Detroit Continuum of Care Board will hold meetings no less than six (6) times per year. Attendance at meetings of the Detroit CoC Board will be open to any interested person to observe. Two (2) weeks' notice will be given for regularly scheduled meetings of the Board. Special meetings may be called in emergency situations with three (3) days notice.

Quorum

A majority or 51% of the Detroit Continuum of Care Board filled seats constitute a quorum at all meetings of the Detroit Continuum of Care Board. No business will be conducted unless a quorum is present.

Decision-Making

Each CoC Board member is eligible to vote on decisions being made when present at the meetings.

Robert's Rules of Order will be followed to open and close each meeting and to bring a motion to the floor. The Continuum of Care Board will strive to make decisions through modified consensus. When consensus is not possible, decisions shall be made by a vote of the majority of voting members present.

The Detroit Continuum of Care Board may take an action without a meeting if:

- The action is within the authority of the Detroit Continuum of Care Board;
- Notice is provided
- It is approved via email (or letter when email is unavailable)
- By a majority of all Detroit CoC voting members who are entitled to vote on that matter

There is no proxy voting for Continuum of Care Board members. Decision-making requires live conversation and active participation from all parties.

Code of Conduct / Conflict of Interest / Recusal Process for Continuum of Care Board

No member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents or to themselves as individuals. Therefore, any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue. Individuals with a conflict of interest should recuse themselves from discussion and voting on any issue in which they may have a conflict. A Conflict of Interest Policy will be approved by the Continuum of Care annually.

Annual written disclosure statements will be provided to each member by the second Tuesday in January. Members will not be permitted to participate in any discussion or vote until the statement is on file. All voting members shall have the right to recuse themselves from voting on the matter without providing excuse.

Responsibilities

The Detroit Continuum of Care gives authority to the Detroit Continuum of Care Board for specific responsibilities. The responsibilities required by the Continuum of Care Interim Rule are outlined in Table 1 on page 14 of this Governance Charter. Additional responsibilities required by the Continuum of Care Board include:

- Electing a Chairperson, Vice Chairperson and Secretary;
- Establish policies for funding and resource allocation
- Taking action against poor performers;
- Review and act on any programs that should be removed from HUD funding and any proposed funding reallocations;
- Create a CoC-funding appeal process;
- Review and make final determination on CoC-funding appeals;
- Designate the Housing Assessment Resource Agency (HARA) for administration of the MSHDA ESG Program;
- Assure that services provided by the Fiduciary, HARA, and sub-grantees are meeting the needs of the local community and that critical issues are addressed; and
- Identify an agency to function as Fiduciary for MSHDA ESG funds.

III. Establishing the Detroit Continuum of Care Committees

The Detroit Continuum of Care may establish Committees, Subcommittees, or Work Groups that are made up of Continuum of Care members to act on behalf of the Detroit Continuum of Care. The Committees are the action planning components of the system. In these bodies, strategies are developed, deepened and expanded into timed work plans. These groups may also be directly responsible for specific strategies or exploring options to solve particular concerns. Unless authority is designated by the Continuum of Care, Committees make recommendations to the CoC Board for approval. Each committee has a chair and co-chair, one board member appointed by the board, and one member of the CoC General Body elected by the committee. Committee chairs serve three (3) year terms, with the option of renewable terms.

Standing Committees are designated in this Charter. Ad hoc working groups or task forces may be formed and given specific responsibilities as needed by the Continuum of Care. All committee responsibilities apply to ad hoc groups as well. The following Standing Committees are established by the Detroit Continuum of Care:

- **Data Committee:** Oversee the point-in-time count, conduct an annual gaps analysis of the homeless needs and services available and coordinate data collection and systems (including HMIS)
- **Performance Evaluation Committee:** Scan the environment for best practices and innovations and evaluate outcomes of the Continuum overall and projects funded under HUD (CoC and ESG Programs). This committee has the authority to establish program subcommittees as appropriate.

- **Program Sub-Committees** – Review programmatic and fiscal data performance and recommend expectations and coordination, scan the environment for best practices and innovations, and evaluate outcomes of the Continuum overall and projects funded under HUD. Sub-committees should be representative of the funded service categories.
- **Coordinated Access Model (CAM) Governance Committee:** Oversee the implementation of coordinated entry, consult with ESG Grantees and other stakeholders
- **Development and Communications Committee:** Plan for special events, including but not limited to Homeless Awareness Week events, coordinate publicity/advocacy, and seek out financial resources for any identified needs.
- **Housing Resource Committee:** Recruit and train landlords and property managers and develop new housing resources.

Committee Membership

Committee membership may include any Continuum member. However, at least one (1) committee member must come from the CoC Board. Each committee will set its number and recruit members from the Continuum and larger community.

Each committee has a chair and co-chair, one board member appointed by the board, and one member of the CoC General Body elected by the committee.

Meetings

Each Committee will hold meetings at least two (2) times per year.

Quorum

A majority or 51% of the Committee membership constitute a quorum at all Committee meetings. No business will be conducted unless a quorum is present.

Decision-Making

Robert's Rules of Order will be followed to open and close each meeting and to bring a motion to the floor. Unless authority is otherwise designated to a Committee, the Detroit Continuum of Care Committees will make recommendations to the CoC Board for approval.

If authority for decision-making is designated by the Continuum of Care to a Committee, the Continuum of Care Committee(s) will strive to make decisions through modified consensus. When consensus is not possible, decisions shall be made by a vote of the majority of voting members present.

If a Committee recommendation requires a formal decision-making process, there is no proxy voting for Continuum of Care Committees. Decision-making requires live conversation and active participation from all parties.

Code of Conduct / Conflict of Interest / Recusal Process for the Continuum of Care Committees

No member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents or to themselves as individuals. Therefore, any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue. Individuals with a conflict of interest should recuse themselves from discussion and voting on any issue in which they may have a conflict. An individual with a conflict of interest, who is the committee

chair, shall yield that position during discussion and abstain from discussion and voting on the item. A full Conflict of Interest Policy will be approved by the Continuum of Care annually.

Annual written disclosure statements will be provided to each member by the second Tuesday in January. Members will not be permitted to participate in any discussion or vote until the statement is on file. All voting members shall have the right to recuse themselves from voting on the matter without providing excuse.

Responsibilities

The Detroit Continuum of Care tasks the Detroit Continuum of Care Committees with specific responsibilities. The responsibilities required by the Continuum of Care Interim Rule are outlined in Table 1 on page 14 of this Governance Charter. Additional responsibilities required by the Continuum of Care are:

- Recruit its members
- Select a chair or co-chairs
- Establish its policies and procedures, and provide them to the CoC Board
- Record its minutes and attendance, and provide them to the CoC Lead Agency
- Ensure transparency of its process and meetings

IV. Roles of the Designated Entities

Continuum of Care Lead Agency

The Detroit Continuum of Care appoints the CoC Lead Agency that will complete designated work tasks assigned by the Continuum of Care and will provide meeting support for the Detroit Continuum of Care, Board and all other committees. The CoC Lead Agency is responsible for working with the Chair to schedule meetings, develop agendas, issuing meeting materials and posting all relevant documents to the Detroit Continuum of Care website. The CoC Lead Agency will provide recommendations to the Detroit Continuum of Care Board for its final decisions. All responsibilities are documented in the Detroit Continuum of Care Lead Agency Memorandum of Understanding.

Designated responsibilities include:

- Establishing performance targets in consultation with recipients/sub-recipients;
- Monitoring recipient/sub-recipient performance;
- Evaluating outcomes for ESG and CoC projects and reporting them to HUD; taking action against poor performers;
- Measuring system performance;
- Operating a Coordinated Assessment System in consultation with ESG;
- Planning and conducting a Point-in-Time study;
- Conducting an annual gaps analysis of homeless needs and services;
- Participating in the Consolidated Plan;
- Consulting with ESG recipients;
- Work with the Project Based Voucher management agent, developer, and service agencies to assist with the development and annual updating of a Memorandum of Understanding (MOU) to provide case management services to supportive housing units as they are made available in the community; and

Detroit Continuum of Care Governance Charter

- Work to ensure that the Housing Choice Voucher Homeless Preference waiting list and Project Based Vouchers has an adequate supply of names.

The designation of the CoC Lead Agency is valid for a maximum of 3 years before the designation must be reviewed and renewed by the Detroit Continuum of Care. Annually, the Continuum will review performance of the CoC Lead Agency. The designation may be terminated upon mutual agreement or for cause with a vote of 75% of the CoC membership.

Collaborative Applicant

The Continuum of Care designates the CoC Lead Agency as the legal entity who is also a Continuum of Care Program eligible applicant to serve as the Collaborative Applicant. The Collaborative Applicant is responsible for collecting and combining the required application information from all Continuum of Care Program funded projects within the geographic area. The Collaborative Applicant is also responsible for submitting the annual application to HUD for Continuum of Care Program funding and to apply for Continuum of Care Planning dollars. These and any additional responsibilities are documented in the Detroit Continuum of Care Collaborative Applicant Memorandum of Understanding.

The designation of the Collaborative Applicant is valid for a maximum of 3 years before the designation must be reviewed and renewed by the Detroit Continuum of Care. Each year, the Collaborative Applicant will submit the HUD Annual Performance Report and HUD Application for CoC Planning dollars to the CoC Board. The CoC Board will review the Collaborative Applicant's performance with the Continuum of Care at a meeting. The designation may be terminated earlier than the 3 year time period upon mutual agreement or for cause with a vote of 75% of the CoC membership.

Before the submission of the annual application to HUD for Continuum of Care Program funding, the Collaborative Applicant must submit a final draft of the application to the Detroit Continuum of Care for approval. Depending on the timing of the submission to HUD, the Detroit Continuum of Care Board and Collaborative Applicant will create a timeline for submission to the Detroit Continuum of Care.

HMIS Lead

The Continuum of Care designates the CoC Lead Agency as the legal entity who is also a Continuum of Care Program eligible applicant to serve as the Homeless Management Information System (HMIS) Lead. The HMIS Lead will maintain the community's HMIS in compliance with HUD standards and coordinate all related activities including training, maintenance and the provision of technical assistance to contributing organizations. Responsibilities required by the Continuum of Care Interim Rule are outlined in Table 1 on page 14 of this Governance Charter. These and any additional responsibilities are documented in the Detroit Continuum of Care Homeless Management Information System Lead Memorandum of Understanding. Designated responsibilities include developing an HMIS privacy plan, security plan, and data quality plan.

The designation of the HMIS Lead is valid for a maximum of 3 years before the designation must be reviewed and renewed by the Detroit Continuum of Care. Each year, the HMIS Lead will submit the HUD Annual Performance Report and HUD Application for HMIS-dedicated grant to the CoC Board. The CoC Board will review the HMIS Lead's performance with the Continuum of Care at a meeting. The designation may be terminated earlier than the 3 year time period upon mutual agreement or for cause with a vote of 75% of the CoC membership.

V. Reviewing and Updating the Charter

Process for Updating the Charter

At least once every year the Detroit Continuum of Care must review this Governance Charter in consultation with the Collaborative Applicant and HMIS Lead. Members of the Detroit Continuum of Care, Detroit Continuum of Care Board, Collaborative Applicant, Lead Agency, or HMIS Lead may make suggestions for updating. It is the Collaborative Applicants responsibility to review HUD rules, regulations, and guidance and to suggest updates to the Governance Charter. The updates must be presented on the agenda prior to the meeting. Updates to the Governance Charter require a 2/3's vote.

Review and Updating History

Date of Review	Summary of Updates	Summary of Vote

Table 1. Responsibilities of Continuum of Care Entities

Responsibility Category	Responsibility	Responsible Party
Establishing CoC	Define membership of Continuum of Care	Continuum of Care
Establishing CoC	Invite new members annually	Continuum of Care
Operating CoC	Hold meetings of full membership, with published agenda, at least semi-annually	Continuum of Care
CoC Governance and Management	Establishing a Continuum of Care Board	Continuum of Care
CoC Governance and Management	Reviewing the Written Selection Process for the Board	Continuum of Care
CoC Governance and Management	Designate a Collaborative Applicant	Continuum of Care
CoC Governance and Management	Designate Responsibilities to the CoC Board, HMIS Lead, and Collaborative Applicant	Continuum of Care
CoC Governance and Management	If have UFA, approve amendments for any grants	Continuum of Care
CoC Governance and Management	Apply for CoC Planning Funds	Collaborative Applicant
CoC Governance and Management	Apply for UFA Planning Funds	Collaborative Applicant / UFA
CoC Governance and Management	Appoint Committees / Sub-Committees	Continuum of Care
CoC Governance and Management	Develop a Governance Charter	Continuum of Care
CoC Governance and Management	Review Governance Charter Annually	Continuum of Care
Overall and Project-Level	Establish performance targets in	CoC Lead and Data and

Detroit Continuum of Care Governance Charter

Responsibility Category	Responsibility	Responsible Party
Performance	consultation with recipients/sub-recipients	Performance Committee
Overall and Project-Level Performance	Monitor recipient/sub-recipient performance	CoC Lead
Overall and Project-Level Performance	Evaluate outcomes for ESG and CoC Projects and report to HUD	CoC Lead and Data and Performance Committee
Overall and Project-Level Performance	Take action against poor performers	CoC Board
Overall and Project-Level Performance	Measure system performance	CoC Lead and Data and Performance Committee
Coordinated Assessment System	Operate a Coordinated Assessment System in consultation with ESG	CoC Board and CAM Governance Committee
Coordinated Assessment System	Develop a policy for how Coordinated System and Housing and Service System will address needs of Domestic Violence	Continuum of Care
Designate an HMIS	Designate a Single HMIS for the entire CoC Geographic Area	Continuum of Care
Designate an HMIS	Designate a Single HMIS Lead	Continuum of Care
Designate an HMIS	Review, revise and approve the HMIS privacy plan, security plan and data quality plan	Continuum of Care
Designate an HMIS	Ensure HMIS is in compliance with HUD requirements	Continuum of Care
Designate an HMIS	Ensure consistent participation of recipients and sub-recipients in HMIS	Continuum of Care
Designate an HMIS	Develop HMIS privacy plan, security plan and data quality plan	HMIS Lead and Data and Performance Committee
Designate an HMIS	Execute participation agreements with contributing HMIS organizations	HMIS Lead
Designate an HMIS	Execute user agreements with all HMIS users	HMIS Lead
Plan for the CoC	Plan and Conduct a Point-in-Time Study	CoC Lead and Data and Performance Committee
Plan for the CoC	Conduct an annual gaps analysis of homeless needs and services	CoC Lead and Data and Performance Committee
Plan for the CoC	Participate in the Consolidated Plan	CoC Lead
Plan for the CoC	Consult with ESG Recipients ⁺	CoC Lead
Plan for the CoC	Submit annual application to HUD for Continuum of Care Program funding	Collaborative Applicant and CoC Board
Plan for the CoC	Approve annual application to HUD for Continuum of Care Program funding	Continuum of Care

Detroit Continuum of Care Governance Charter

*Written Standards for:

- Eligibility policies and procedures
- Determining and prioritizing eligible persons for TH, RRH, and resources (consistent with coordinated assessment protocols)
- Determining levels of RRH assistance and participant rent contribution (across projects)
- Administering homeless prevention, if designated as High-Performing Community

+ Consult with ESG Recipients:

- Coordinated Assessment
- Consolidated Plan homelessness strategy and goals
- Allocation of ESG funding
- ESG performance standards
- ESG sub-recipient participation in HMIS
- ESG and CoC Program written standards
- Evaluate performance of ESG recipients/sub-recipients