

HOMELESSNESS SERVICES

Sonoma County Homeless Coalition Board 2025 Nomination Form

Telephone: Email: The CoC (Continuum of Care) Consolidated Application requires CoC Lead Agency to include specific rac and ethnicity information for those included in Homeless Coalition 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 America Afro Caribbean Indigenous or Tribal Nations WhiteOther: Prefer not answer. Geographical Area or Subpopulation(s) Represented: Other reasons the nominee should be considered for the Homeless Coalition Board: Other reasons the nominee should be considered for the Homeless Coalition Board: Please fill out this section only if you are nominating someone other than yourself. Please ensure y	Name of Nominee:	Agency:	
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	Geographical Area or Subpopulation(s)) Represented:	
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forward the Statement of Interest form to the individual you are nominating for completion. Name of Nominator: Agency: Contact Information: Signature of Nominator:	forward the Statement of Inter Name of Nominator:	rest form to the individual you are nominal	ting for completion.



HOMELESSNESS SERVICES

Vacant Seats for Election by the Homeless Coalition Voting Members

- One (1) Homeless Advocacy Seat: One homeless advocate or representative of a homeless advocacy organization, as elected by Homeless Coalition voting members.
- One (1) BIPOC Led/Serving Organization: One representative from organizations led by and serving Black, Brown, Indigenous, and other People of Color, as elected by the Coalition's voting members.

Candidates may run for no more than one (1) seat.

Please select which seat the individual is being nominated for:

☐ At Large ☐ BIPOC Led/Serving Organization

Nominations and Statement of Interest must be received by 5:00 pm on November 21st, 2024, to <u>Karissa.White@Sonoma-County.org</u>

Sonoma County Homeless Coalition Board 2025 Statement of Interest

This section is to be filled out by the	he individual being nominated and will be share	d publicly.
Name of Candidate:	Agency:	
Please provide a statement of your inter	est in the Sonoma County Homeless Coalition Board:	



Signature of Candidate:	Date: