**INTRODUCTION**

The San Joaquin Continuum of Care (CoC) provides leadership and effective stewardship of resources, as well as facilitates community planning, design and implementation of programs critical to ending homelessness in San Joaquin County. Our core values are collaboration, communication and transparency. We are committed to evidence-based programming and data-driven initiatives. The CoC is a collaborative and coordinating system comprised of government, non-profit homeless housing and service providers, and other community interests that increase public awareness and promotes programs that address the needs of the County’s homeless population. The Membership Body consists of all interested individuals and organizations and is open to the full array of community stakeholders. The CoC Board Directors serve for two-year terms and are composed of eleven active members who represent the Collaborative Applicant, the HMIS Lead Agency, and diverse, relevant stakeholders of the Membership Body. The CoC shall strive to ensure broad geographic coverage on the Board and on committees and to represent the subpopulations of people experiencing homelessness in the CoC.

**CONTACT INFORMATION**

NAME: Click or tap here to enter text.

E-MAIL: Click or tap here to enter text.

PHONE: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

**BACKGROUND INFORMATION**

Have you reviewed the San Joaquin CoC Governance Charter?

[ ] YES

[ ] NO

Are you willing and able to comply with all provisions of Sections XI and XII of the San Joaquin CoC Governance Charter pertaining to conflicts of interest and the Board Code of Conduct?

[ ] YES

[ ] NO

Are you able to attend regular meetings of the Full CoC Membership and Committees?

[ ] YES

[ ] NO

Are you affiliated with a participant agency/organization of the San Joaquin CoC?

[ ] YES

[ ] NO

If yes, indicate which organization and describe your affiliation:

Click or tap here to enter text.

Do you serve on any other boards, committees, task forces, commissions, etc.?

[ ] YES

[ ] NO

If yes, indicate which organization and describe your affiliation:

Click or tap here to enter text.

**QUALIFICATIONS**

Describe your experience in serving the homeless of San Joaquin County:

Click or tap here to enter text.

Describe your interest in serving on the San Joaquin CoC Board:

Click or tap here to enter text.

What does “an end to homelessness” mean to you?

Click or tap here to enter text.

**EXPERIENCE**

Indicate your familiarity with the following programs (check all that apply):

[ ] Emergency Solutions Grant (ESG)

[ ] Substances Abuse and Mental Health Services Act (SAMHSA)

[ ] Emergency Food and Shelter Program (EFSP)

[ ] Home Investment Partnerships Program (HOME)

[ ] Housing Opportunities for People With AIDS (HOPWA)

[ ] Housing Choice Voucher Program (HCV)

[ ] Veteran Affairs Supportive Housing (VASH)

[ ] Health Care for Homeless Veterans (HCHV)

[ ] Community Development Block Grant (CDBG)

[ ] Rural Housing Stability Assistance Program (RHSP)

[ ] Title V Program

[ ] CalWorks

[ ] No Place Like Home (NPLH)

[ ] Whole Person Care (WPC)

[ ] Affordable Housing Sustainable Communities (AHSC)

[ ] Veterans Housing and Homeless Prevention Program (VHHP)

[ ] Low-Income Housing Tax Credit Program (LIHTC)

[ ] Other

If you indicated familiarity with any of the above programs, please describe:

Click or tap here to enter text.

Indicate your experience with the following systems (check all that apply):

[ ] Electronic Special Needs Assistance Programs (E-SNAPS)

[ ] Homeless Data Exchange (HDX)

[ ] Homeless Management Information System (HMIS)

[ ] Integrated Disbursement and Information System (IDIS)

[ ] Line of Credit Control System (LOCCS)

[ ] System of Award Management (SAM)

[ ] Other

If you indicated experience with any of the above systems, please describe:

Click or tap here to enter text.

Are you willing and able to serve on committees, sub-committees and/or work groups of the San Joaquin CoC?

[ ] YES

[ ] NO

If yes, please indicate your particular area(s) of interest (check all that apply)

[ ] Strategic Planning

[ ] Coordinated Entry

[ ] Data

[ ] HMIS

[ ] Point in Time Count

[ ] Application Review

[ ] Education

[ ] Membership

[ ] Resource Development

[ ] System Performance and Evaluation

[ ] At-Risk Youth

[ ] Domestic Violence

[ ] Housing

[ ] Prevention

[ ] Law and Justice

[ ] Veteran Services

[ ] Rapid Re-housing

[ ] Emergency Shelter

[ ] Medical Services

[ ] Mental Health and Substance Abuse

[ ] Legislation

[ ] Street Outreach

[ ] Other: Click or tap here to enter text.

Indicate below what service area, jurisdiction or special population you represent (check all that apply)

[ ] CDBG/HOME/ESG Entitlement Jurisdiction

[ ] Law Enforcement

[ ] County Jail

[ ] Hospital

[ ] EMT/Crisis Response Team

[ ] Mental Health Service Organizations

[ ] Substance Abuse Service Organizations

[ ] Affordable Housing Developer

[ ] Public Housing Authorities

[ ] CoC Funded Youth Homeless Organizations

[ ] Non-CoC Funded Youth Homeless Organizations

[ ] School Administrators/Homeless Liaisons

[ ] CoC Funded Victim Service Providers

[ ] Non-CoC Funded Victim Service Providers

[ ] Street Outreach Team

[ ] Youth advocates

[ ] Agencies that serve survivors of human trafficking

[ ] Other homeless subpopulation advocates

[ ] Homeless or Formerly Homeless Persons

[ ] Other: Click or tap here to enter text.

**ADDITIONAL INFORMATION**

Please attach a copy of your resume to this application.

What else would you like the San Joaquin CoC to know about you?

Click or tap here to enter text.

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| **Authorized Signature of Applicant**: To the best of my knowledge and belief, all information in this Board Application is true and correct. By signing below, I hereby certify that the Agency does not have any outstanding monitoring or audit findings from any federal, state, or local entity.  |
| Signature of Applicant:  |  |
| Typed Name: |       | Date Signed:  |       |
| Title: |       |