

City of Glendale Continuum of Care (CoC) Board
2023 Nomination Form

Name of Nominee: _____ Agency: _____

Telephone: _____ Email: _____

Geographical Area or Subpopulation(s) Represented: _____

Other reasons the nominee should be considered for the CoC Board: _____

Please fill out this section only if you are nominating someone other than yourself. Please ensure you forward the Statement of Interest form to the individual you are nominating for completion.

Name of Nominator: _____ Agency: _____

Contact Information: _____ Signature of Nominator: _____

Vacant Seats for Election

Provider: One representative of a homeless services provider different than the one with an appointed seat, as elected by CoC voting members

Private Sector Organization: One representative from a private sector to act as **Co-Chair** elected by CoC voting members.

Licensed Health Care Organization: One representative from a licensed health care organization, as elected by CoC voting members.

Glendale Unified School District: One representative from the GUSD, as elected by CoC voting members.

At Large: at large seats as selected by voting CoC members; the candidates need not be CoC members themselves.

Lived Experience: individual currently experiencing homelessness or who has experienced homelessness within five years (at the time of election) prior to the Board election, as elected by the CoC voting membership.

Please select which seat(s) the individual is being nominated for:

Provider Private Sector Health Care GUSD At Large Lived Experience

Nominations and Statement of Interest must be received by 5:00 pm on July 31, 2023 Signed forms may be scanned and emailed to **HMIS@glendaleca.gov** or delivered to City of Glendale, Community Services & Parks 613 E. Broadway, Suite 120 Glendale, Ca 91206

The information on the statement of interest is to be filled out by the nominee. This information will be shared publicly, and personal contact information will be redacted. Self-nominations are permitted.

**City of Glendale Continuum of Care (CoC) Board
2023 Statement of Interest**

This section is to be filled out by the individual being nominated and will be shared publicly.

Name of Candidate: _____ Agency: _____

Please provide a statement of your interest in the City of Glendale Continuum of Care Board:

Signature of Candidate: _____ Date: _____