

Sonoma County Continuum of Care (CoC) Board 2022 Nomination Form

Name of Nominee:	Agency:
Telephone:	Email:
Geographical Area or Subpopu	lation(s) Represented:
	ould be considered for the CoC Board:
Please fill out this section or	nly if you are nominating someone other than yourself. Please ensure you
	of Interest form to the individual you are nominating for completion. Agency:
	Signature of Nominator:
	Vacant Seats for Election
1 Second Provider: One repres appointed seat, as elected by C	entative of a homeless services provider different than the one with an CoC voting members
1 Licensed Health Care Organia elected by CoC voting member	zation: One representative from a licensed health care organization, as s.
2 At Large: at large seats as sel themselves.	ected by voting CoC members; the candidates need not be CoC members
within five years (at the time o	urrently experiencing homelessness or who has experienced homelessness felection) prior to the Board election, as elected by the Lived Experience and s determined by the Board) or if not then by the CoC voting membership.
Candidates may run for no moran at-large position.	e than two seats. Should a candidate run for two seats, one of them must be
Please sel	ect which seat(s) the individual is being nominated for:
□ Provider □ Lice	nsed Health Care Organization

Nominations and Statement of Interest must be received by 5:00 pm on February 23, 2022

Signed forms may be scanned and emailed to Karissa.White@sonoma-county.org or delivered to Sonoma County Continuum of Care, c/o Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa CA 95403. 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.



Sonoma County Continuum of Care (CoC) Board 2022 Statement of Interest

This section is to be filled out by the	e individual being nominated an	d will be shared publicly
Name of Candidate:	Agency:	
Please provide a statement of your interes		
Signature of Candidate:	1 Date:	2/22/22
Signature of curiordate.	Date.	