

VALLEJO – SOLANO COUNTY CONTINUUM OF CARE

Board of Directors Candidate Application

Note: Board members must be members of Housing First Solano. If you are not yet a member, please fill out the membership form on the HFS website, housingfirstsolano.org.

Date _____

Name _____
First MI Last Familiar name

Residence

City/County _____

Phone (if preferred contact) _____

E-mail (if preferred contact) _____

Employer

Name _____

Title _____

Address _____

Phone _____ E-mail _____

Type of business or organization/entity _____

Primary service(s) and area/population served _____

Please describe your interest and/or commitment to serving on the HFS CoC Board:

Attach page if necessary.

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Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, and social).

Attach page if necessary.

<i>Organization</i>	<i>Role/Title</i>	<i>Dates of Service</i>
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For which of the following seats are you applying? (Check all that apply)

- ☐ Nonprofit Homeless Assistance Provider
- ☐ Faith-Based Representative
- ☐ Government Representative (including Public Housing Authority)
- ☐ Educational Representative
- ☐ Mental Health Provider
- ☐ Health Service Provider (including hospitals)
- ☐ Law Enforcement/Criminal Legal System Representative
- ☐ Organization/Entity Serving Veterans
- ☐ Lived Experience Representative (homeless or formerly homeless)
- ☐ Members-At-Large Representative
- ☐ Business or Workforce Development Representative
- ☐ Affordable Housing Development Representative
- ☐ Domestic Violence Services Organization/Victim Service Provider
- ☐ Coordinated Entry System Operator Representative
- ☐ Indian Tribes and Tribally Designated Housing Entities (Tribal Organizations) *(see additional information below about this seat)*

If an Officer's Position is open and you are eligible, which of the following positions would you be interested in applying for? (Optional – Check all that apply)

- ☐ Chair
- ☐ Vice Chair
- ☐ Secretary

Financial/Grant Disclosure: Does your organization currently receive funding or intend to apply for any of the following grant programs: (check all that apply) *(Receipt or application of funding does not disqualify you from serving on the HFS Board).*

- ☐ HUD Continuum of Care Program
- ☐ Emergency Solutions Grant
- ☐ None

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Statement of Commitment and Conflict of Interest:

By my signature below, if nominated and elected to the HFS Board, I understand that I will attend an orientation for board members and no less than 75% of called meetings per year during my three-year term.¹

My signature below also indicates that I have reviewed the conflict of interest policy found in the CoC Governance Charter and that no conflict of interest prohibits me from serving on the CoC Board. Should I later become aware of a conflict of interest, I will immediately inform the CoC staff.

Signature of Applicant

Date

¹ For incumbent board members, previous meeting attendance and involvement will be presented and considered during the election process.

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Indian Tribes and Tribally Designated Housing Entities (Tribal Organizations)

The County of Solano is in a unique situation wherein its modern boundary falls within the ancestral territory of the Wintun Patwin Peoples. Their descendants are citizens of three Wintun Patwin Tribal Nations (*Cachil Dehe Band of Wintun Indians of the Colusa Indian Community, Kletsel Dehe Wintun Nation, and Yocha Dehe Wintun Nation*), other Tribal Nations, and Tribes without federal recognition. None of these Tribal Nations or Tribes have their lands and headquarters located within the current boundaries of the County. In addition, Native Americans in the County are part of other Indigenous communities and Tribal organizations.

In recognition of this, the CoC will consider the following guidelines centered on ancestral links to the land in the selection of the candidate for the designated seat:

- Priority 1. Citizens of the Wintun Patwin Tribal Nations
- Priority 2. Citizens of other CA Federally Recognized Tribes
- Priority 3. Members of CA Tribes without Federal Recognition
- Priority 4. Representatives of a Tribally Designated Housing Entity

The candidates should submit as necessary, the following information:

- a. Tribe Name _____
- b. Enrollment Number _____
- c. Contact information at the Tribe for verification if not federally recognized

Minimal qualifications:

- Previous experience in housing
- Previous experience working with Tribal Nations, Tribes, and Indigenous Peoples