



## **Ventura County Continuum of Care Board Member Application**

The Continuum of Care Governance Board is a group of community leaders, decision makers and experts in the provision of services to the homeless that will provide the vision, strategies and guidance to end homelessness in Ventura County. The VC CoC Board acts on behalf of the full VC CoC membership to oversee the activities associated with planning and delivering services to individuals and families experiencing homelessness in Ventura County.

### ***Background***

The Ventura County Continuum of Care Governance Board has served as the U.S. Department of Housing and Urban Development (HUD) recognized decision making and planning board for the City of Oxnard/San Buenaventura/County of Ventura CoC since 2013.

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amended the McKinney-Vento Homeless Assistance Act and this legislation consolidated the three separate McKinney-Vento homeless assistance programs into a single grant program known as the Continuum of Care (CoC) program. The CoC Program includes both Continuum of Care Program funds and Emergency Solutions Grants.

This VC CoC Governance Board is comprised of up to 13 persons representing various communities, service sectors and subpopulations of homeless persons to serve as the backbone of the community's response to homelessness. The VC CoC jurisdiction is the entirety of Ventura County.

There is much work to accomplish to reduce the length of stay in homelessness, reduce recidivism back into homelessness, and reduce the overall number of persons experiencing homelessness – the three measures of a high performing Continuum of Care.

If you have an interest in addressing these challenges as a community, we encourage you to please submit the following materials to Ventura CoC at [VenturaCoC@venturacounty.gov](mailto:VenturaCoC@venturacounty.gov)

- Letter of Interest and Experience (up to 500 words)
- CoC Board Application Form
- Signed Commitment Statement

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Board Composition:**

What service area, jurisdiction, or special population do you represent? *(Check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Homeless/Formerly Homeless                   | <input type="checkbox"/> Businesses  |
| <input type="checkbox"/> Persons with substance use disorders         | <input type="checkbox"/> Public Housing Agencies   |
| <input type="checkbox"/> Persons with HIV/AIDS                        | <input type="checkbox"/> School districts  |
| <input type="checkbox"/> Veterans                                     | <input type="checkbox"/> Mental health care providers  |
| <input type="checkbox"/> Persons who are chronically homeless         | <input type="checkbox"/> Health care providers   |
| <input type="checkbox"/> Families with children                       | <input type="checkbox"/> University/Academia   |
| <input type="checkbox"/> Unaccompanied youth                          | <input type="checkbox"/> Affordable Housing Developers   |
| <input type="checkbox"/> Persons who are seriously mentally ill       | <input type="checkbox"/> Foundations   |
| <input type="checkbox"/> Persons who are victims of domestic violence | <input type="checkbox"/> Law Enforcement   |
| <input type="checkbox"/> Faith Based                                  | <input type="checkbox"/> Workforce Development/ America's Job Center-(NEW)   |
| <input type="checkbox"/> Faith-based organizations                    | <input type="checkbox"/> Mental Health Court, Care Court, Civil Commitment, Assisted Outpatient Treatment or Specialty court (CARE Court, Mental Health Court, Drug Court)-(NEW) |
| <input type="checkbox"/> Other: _____                                 | <input type="checkbox"/> Recovery housing/sober living- (NEW)  |

**Financial/Grant Disclosures:**

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 CoC Board.*

- |   |                               |
|---|-------------------------------|
| <input type="checkbox"/> Continuum of Care Program                                  | <input type="checkbox"/> CDBG |
| <input type="checkbox"/> Emergency Shelter Grant                                    | <input type="checkbox"/> HOME |
| <input type="checkbox"/> Department of Veterans Affairs SSVF                        |                               |
| <input type="checkbox"/> BHSA   |                               |
| <input type="checkbox"/> HHAP   |                               |
| <input type="checkbox"/> HOPWA  |                               |
| <input type="checkbox"/> OTHER Grants related to Human Services/Homelessness: _____ |                               |

***Statement of Commitment***

By my signature below, if nominated and elected to the Ventura County Continuum of Care Board, I understand that I will attend at least 70% of the VC CoC Board meetings.

***Conflict of Interest***

With my signature I affirm that I have reviewed the Ventura County Continuum of Care Governance Charter, VC CoC Policies and Procedures, and Conflict of Interest and Recusal policy. I agree to comply with these policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_