



*Thank you for your application to become a member of the Southeastern Virginia Homeless Coalition's Governance Board! The SVHC oversees over \$6 million in federal, state and local grants that provide various types of housing as well as services such as housing stabilization case management, coordinated entry, data collection and reporting, and planning.*

## **Role and Expectations**

The Governing Board serves as the Department of Housing and Urban Development (HUD)-designated primary decision-making group and oversight board of the CoC funding process for the Southeastern Virginia Homeless Coalition (or VA-501). As the oversight board of the SVHC, the Governing Board:

- A. Ensures that the SVHC is meeting all of the responsibilities assigned to it by federal, state and local agencies that provide funding for homeless assistance programs;
- B. Represents the relevant organizations and projects serving subpopulations;
- C. Supports homeless persons in their movement from homelessness to affordable permanent housing and economic stability within a supportive community;
- D. Ensures that the SVHC is inclusive of all needs of the geographic area's homeless sub-populations; and
- E. Facilitates responses to issues and concerns that affect the homeless service provider agencies that receive governmental funding.

The Governing Board (GB) shall consist of up to 29 members with leadership provided by the Chair, First Vice Chair and Second Vice Chair. SVHC governance allows the three (3) elected officers of the Governing Board to rotate among the membership of the four delegations:

- Local Delegation – Chesapeake
- Local Delegation - Norfolk
- Local Delegation – Western Tidewater
- Regional Delegation

Governing Board Members shall serve a term of two years. Members may only be elected to one subsequent (second) two-year term. After an absence of no less than one year a person may again be considered for Governing Board membership.

The Governing Board will meet no less than ten times annually.



# Governance Board Membership Application

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

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

Agency or City/County Affiliation: \_\_\_\_\_

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

Phone: (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Please describe any personal or professional experience you have had with homelessness:

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Please describe your interest in serving on the SVHC Governing Board:

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Are you interested in serving on the SVHC Executive Committee (as Chair, First Vice Chair or Second Vice Chair) in the future?     Yes     No



## Board Composition:

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

- |   |   |
|---|---|
| <input type="checkbox"/> Chesapeake                                   | <input type="checkbox"/> Norfolk                      |
| <input type="checkbox"/> Franklin                                     | <input type="checkbox"/> Southampton County           |
| <input type="checkbox"/> Isle of Wight                                | <input type="checkbox"/> Suffolk                      |
| <br>  |   |
| <input type="checkbox"/> Homeless/Formerly Homeless                   | <input type="checkbox"/> Businesses                   |
| <input type="checkbox"/> Persons with substance use disorders         | <input type="checkbox"/> Public Housing Agency        |
| <input type="checkbox"/> Persons with HIV/AIDS                        | <input type="checkbox"/> School district              |
| <input type="checkbox"/> Veterans                                     | <input type="checkbox"/> Mental health care provider  |
| <input type="checkbox"/> Persons who are chronically homeless         | <input type="checkbox"/> Health care provider         |
| <input type="checkbox"/> Families with children                       | <input type="checkbox"/> University/Academia          |
| <input type="checkbox"/> Unaccompanied youth                          | <input type="checkbox"/> Affordable Housing Developer |
| <input type="checkbox"/> Persons who are seriously mentally ill       | <input type="checkbox"/> Foundation                   |
| <input type="checkbox"/> Persons who are victims of domestic violence | <input type="checkbox"/> Law Enforcement              |
| <input type="checkbox"/> Faith-based organization                     | <input type="checkbox"/> CoC Lead Agency              |
|   | <input type="checkbox"/> Other: _____                 |

## 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 SVHC Board.

- Continuum of Care Program (Federal)
- Virginia Homeless Solutions Program (State)
- Emergency Shelter Grant (State or Local)
- Department of Veterans Affairs SSVF (Federal)
- CDBG
- HOME
- HOPWA
- OTHER Grants related to Human Services/Homelessness: \_\_\_\_\_

## Statement of Commitment

By my signature below, if nominated and elected to the SVHC Governance Board, I understand that I will attend a Board Orientation and Training (date to be determined). I shall also commit to attend no less than 80% of the regularly scheduled meetings each year to remain in good standing. (A total of ten meetings are anticipated on a yearly basis.)



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

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

**Forward completed applications to:** [abrandenburg@theplanningcouncil.org](mailto:abrandenburg@theplanningcouncil.org)

The Planning Council

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