The Michigan Balance of State Continuum of Care (BoS CoC) Governance Council is the lead decision-making body and board responsible for planning for the use of the US Department of Housing and Urban Development (HUD) HEARTH CoC resources and coordinating these funds with other relevant resources in the jurisdiction.

**Responsibilities:**

* Providing overall direction and leadership of the process
* Making all formal decisions of the CoC
* Strategic planning and goal setting
* Approving the selection of committee members
* Aligning and coordinating MI BOSCOC and other homeless assistance and mainstream resources
* Establishing priorities for and making decisions about the allocation of COC resources
* Monitoring and evaluating both system wide and individual program performance on established goals
* Receiving reports and recommendations from sub-committees and ad-hoc task groups
* Guiding the annual CoC Consolidated Application (Exhibit 1)
* Ensuring that all necessary activities (e.g. Point in Time count) are being implemented by LPBs.
* Disseminating information to all members
* Reviewing agendas and minutes from meetings​

Meetings of the Governance Council are open to all BoS CoC members, but only those appointed to the following positions have voting privileges as representatives of larger organizations/groups.

**Membership of the MI BOSCOC Governance Council consists of:**

* County Representatives (one from each of the 59 counties in the MI BOSCOC geographic area)
* Michigan State Housing and Development Authority (MSHDA) Representative
* Michigan Department of Health and Human Services (MDHHS) Representative
* Michigan Department of Education (MDE) Representative
* Michigan Coalition Against Homelessness (MCAH) Representative
* Homeless or formerly homeless person

​

**Persons nominated for the CoC Governance Council should possess the following characteristics:**

* High level of ethical behavior;
* A working knowledge of homelessness;
* A passion for ending homelessness;
* Familiarity with one or more state or federal funding sources (preferred);
* Capability to work effectively on a team;
* Availability of time to fulfill Governance Council responsibilities;
* Compliance with the CoC Governance Charter and/or applicable policies; and
* Persons nominated for the CoC Governance Council must live, work or represent the population of the MI BOSCOC geographic area.

Date: Click or tap to enter a date.

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| **BoS CoC Governance Council Application** | | | |
| Applicant Name: Click or tap here to enter text. | | | |
| Name of Agency/Organization (if working for or representing an agency/organization):  Click or tap here to enter text. | | | |
| Email: Click or tap here to enter text. | | | |
| Telephone: Click or tap here to enter text. | | | |
| Mailing Address: Click or tap here to enter text. | | | |
|  | | | |
| Which county or state held seat will you represent?  Click or tap here to enter text. | | Have you experienced or are you currently experiencing homelessness?  Yes  No | |
|  | | | |
| *Areas of Professional Experience:* Please indicate in which areas of service you have been employed or trained, past and present. | | | |
|  | *Past:* | | *Present:* |
| Veteran Homelessness |  | |  |
| Youth Homelessness |  | |  |
| Domestic Violence |  | |  |
| Family Homeless |  | |  |
| Coordinated Entry |  | |  |
| HARA |  | |  |
| Emergency Shelter |  | |  |
| Permanent Housing (PSH, RRH) |  | |  |
| HCV or Project Based Vouchers |  | |  |
| Public Housing Authority |  | |  |
| Policy and Advocacy |  | |  |
| Other: Click or tap here to enter text. |  | |  |
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| *BoS CoC Committees:* Please indicate to which Committees you are already a member or would be interested in joining. | | | |
| Contractual Oversight  Coordinated Entry  Executive  Finance  HUD CoC Application and Evaluation  Membership and Nominating  Performance and Outcomes  Vulnerable Populations:  Domestic Violence  Veterans  Youth | | | |
|  | | | |
| What is your involvement with your Local Planning Body?  Click or tap here to enter text. | | | |
| What do you hope to bring to the Governance Council?  Click or tap here to enter text. | | | |
| What do you hope to bring back to your Local Planning Body?  Click or tap here to enter text. | | | |

**If representing a county, please complete the following:**

Date selected by Local Planning Body for Representative role: Click or tap to enter a date.

Name and email address of Local Planning Body Chair or Co-Chair: Click or tap here to enter text.

*Per the Governance Charter, Governance Council representatives serve staggered two-year terms. Terms begin January 1 and end December 31. Rotation will be determined by the Membership and Nominating Committee. State held seats are not term-limited.*

**Submit this document electronically to:**

Christa Jerome, Membership and Nominating Committee Chair – [christaj@8cap.org](mailto:christaj@8cap.org)

Christina Soulard, BoS CoC Coordinator – [coordinator@miboscoc.com](mailto:coordinator@miboscoc.com)

**Thank you!**