



**HOMELESSNESS SERVICES**

**Sonoma County Homeless Coalition Board  
2025 Nomination Form**

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Name of Nominee: \_\_\_\_\_ Agency: \_\_\_\_\_

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

The CoC (Continuum of Care) Consolidated Application requires CoC Lead Agency to include specific race and ethnicity information for those included in Homeless Coalition Board, committees, and activities. Responses must specifically identify the race(s) and ethnicities overrepresented in our homeless care system and provide the percentage of their over-representation. Please select all that apply.

How would you describe your racial/ ethnic identity?

- Latino (North America)  Latino (Central America)  Latino (Other group)
- Another Race or Ethnicity  Asian  Native Hawaiian or Pacific Islander  Black or African American
- Afro Caribbean  Indigenous or Tribal Nations  White  Other: \_\_\_\_\_  Prefer not to answer.

Geographical Area or Subpopulation(s) Represented: \_\_\_\_\_

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Other reasons the nominee should be considered for the Homeless Coalition Board:

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**Please fill out this section only if you are nominating someone other than yourself. Please ensure you forward the Statement of Interest form to the individual you are nominating for completion.**

Name of Nominator: \_\_\_\_\_ Agency: \_\_\_\_\_

Contact Information: \_\_\_\_\_ Signature of Nominator: \_\_\_\_\_

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**Vacant Seats for Election by the Homeless Coalition Voting Members and the Lived Experience Advisory Planning (LEAP) Board**

- **One (1) Licensed Healthcare Organization Seat:** One representative from a licensed health care organization, as elected by Coalition voting members.
- **One (1) BIPOC Led/Serving Organization:** One representative from organizations led by and serving Black, Brown, Indigenous, and other People of Color, as elected by the Coalition’s voting members.
- **One (1) Transitional Aged Youth Lived Experience Seat:** One individual representing homeless transitional age youth (TAY - ages 18-30 at the time of election) currently experiencing homelessness or who has experienced homelessness within five years (at the time of election) prior to the Board election, as elected determined by the Lived Experience Advisory Planning (LEAP) Board.
  - **Note the age limit of this seat has been extended to 30 years of age.**

Candidates may run for no more than one (1) seat.

**Please select which seat the individual is being nominated for:**

- Licensed Healthcare Organization     BIPOC Led/Serving Organization
- Transitional Age Youth Lived Experience

**Nominations and Statement of Interest must be received by 5:00 pm on February 19<sup>th</sup> , 2025 , to [Jynessa.Lazzaroni@sonoma-county.org](mailto:Jynessa.Lazzaroni@sonoma-county.org)**

**Sonoma County Homeless Coalition Board  
2025 Statement of Interest**

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This section is to be filled out by the individual being nominated and will be shared publicly.

Name of Candidate: \_\_\_\_\_ Agency: \_\_\_\_\_

Please provide a statement of your interest in the Sonoma County Homeless Coalition Board:

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