



POLICY COUNCIL NOMINATION FORM

PURPOSE:

This form is to nominate a representative for your coalition and/or lead agency to serve on the Florida Coalition for the Homeless (FCH) Policy Council.

ELIGIBILITY:

1. Florida homeless coalitions and lead entities in “good standing” are eligible to nominate a member to the Policy Council.
 - a. The criteria for “good standing” include the following:
 - The Coalition or lead entity is recognized by the Office on Homelessness as such by having an approved Continuum of Care plan on file;
 - The Coalition or lead entity has paid its membership dues in full by the date of the first Policy Council meeting.
 - b. A Coalition that is also a Lead Agency may appoint two (2) representatives.

2. Homeless Coalitions not officially recognized by the Office on Homelessness may apply to serve as a member of the Policy Council. Such Coalitions must participate in the local community’s Continuum of Care, and must be recommended by the local CoC or lead entity for membership in the Policy Council. Such Coalitions must be approved by the full membership of the Policy Council. Membership dues will be required in the same manner for other Policy Council members. Term limits and reappointment procedures related to all Policy Council members also apply.

NOMINATION:

Was this nomination approved by the entire Continuum? Or Lead Agency? _____

Has this person already agreed to serve on the Policy Council? _____

NAME OF NOMINEE: _____

TITLE: _____

COALITON REPRESENTED: _____

Is this Coalition also a lead agency? _____

Is the Coalition recognized by the Office on Homelessness? _____

ADDRESS: _____

PHONE NUMBER: _____

ALTERNATE NUMBER: _____

E-MAIL ADDRESS: _____

2ND NOMINATION FOR LEAD AGENCIES

Was this nomination approved by the entire Continuum? Or Lead Agency? _____

Has this person already agreed to serve on the Policy Council? _____

NAME OF NOMINEE _____

TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____

ALTERNATE NUMBER: _____

E-MAIL ADDRESS: _____

NOMINATED BY:

Do you have the authority to nominate on behalf of your lead agency? _____

NAME: _____

TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____

ALTERNATE NUMBER: _____

E-MAIL ADDRESS: _____

Please fax or email the completed form to:

Freyja Harris
Program Director
Florida Coalition for the Homeless
606 W. 4th Ave, Ste 12
Tallahassee, FL 32303
850-412-0021 (Office)
850-412-0052 (Fax)
Freyja.harris@mindspring.com