

**IOWA BALANCE OF STATE INTERIM COC BOARD
MEMBERSHIP APPLICATION**

Applicant Name:

Name of Agency/Organization (if applicable):

E-mail:

Telephone:

Address:

City:

State:

Zip Code:

Which designated seat are you interested in filling?

- Government
- Subpopulations (detail: _____)
- Health and Disability Services
- Mental Health
- Substance Abuse
- Education
- Criminal Justice
- Other Funders
- Faith Based
- Homeless or Formally Homeless
- Other (detail: __General Pop. _____)

Do you work for or are you affiliated with an agency/organization that currently receives CoC funding within the Iowa Balance of State CoC?

- Yes No Unknown

If yes, indicate the nature of your relationship with the agency/organization:

- Board member Contractor Employee Volunteer Other _____

If elected, are you willing to participate in mandatory training for the entire CoC Board?

Yes No

EXPLANATION OF QUALIFICATIONS FOR THE INTERIM COC BOARD

Briefly describe the experience or expertise that qualifies you to represent the specific seat identified:

What are characteristics you possess that make you a strong candidate for the Board?

What else would you like the Iowa Balance of State CoC Membership to know about you?

NEXT STEPS

- Please submit this completed application, along with a resume and short biography (no longer than 450 words) to Courtney Guntly by June 10, 2020
- Your application will be reviewed and considered by the Nominating Committee of the CoC Board and you will be contacted with the results of their decision
- Final decisions will be made no later than June 30, 2020.