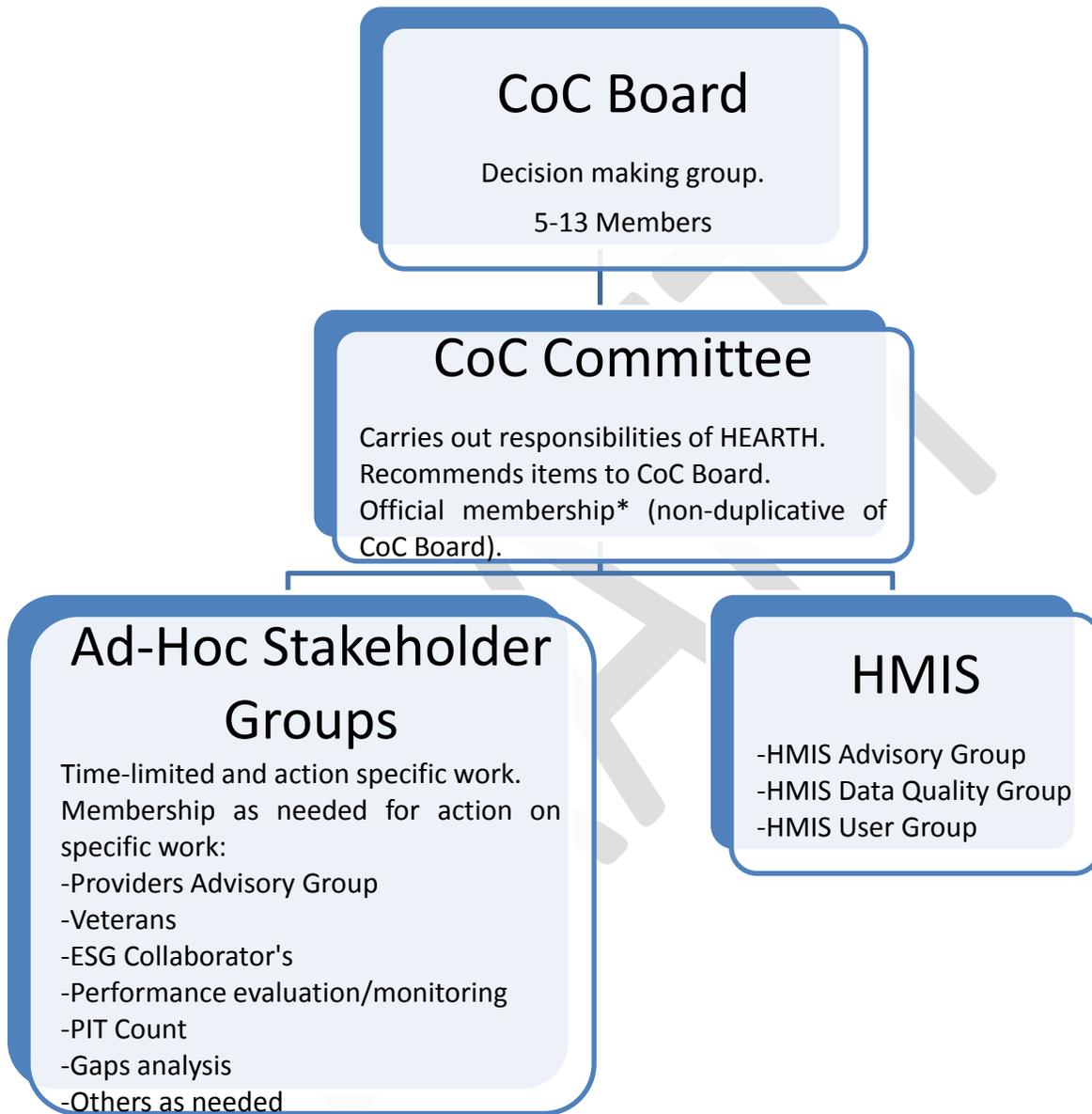


CoC Governance Charter

CoC Board Membership *DRAFT*

Continuum of Care Governance Structure (Approved by CoC on March 18, 2013)



*Needs to include at least one representative from each of the categories listed in the Continuum of Care membership defined by HUD (refer to Continuum of Care membership below).

Membership Composition

The CoC Board membership will be developed and implemented in compliance with HUD requirements, as defined in the HEARTH Continuum of Care Program Interim Rule released on

July 14, 2012. The process for developing the membership of the Continuum of Care will take place in three phases. The first phase is defining the membership categories and the number of seats for each category. The second phase will be recruitment and selection of the members for each CoC Board seat. Phase three will be on-going analysis of membership.

The CoC Board will review its membership in accordance with HUD regulations and make adjustments as needed to comply with federal and local policies. Changes can be made to the composition of the CoC Board membership if determined necessary to comply with HUD regulations or to meet the goals of the Continuum of Care. The CoC Board will meet regularly (timing determined later) and will act as the decision-making group on behalf of the Continuum of Care. The Continuum of Care Committee will make recommendations to the CoC Board for approval.

Membership of the CoC Board will follow the agency within the category below, rather than the individual. The process to select the CoC Board membership will be transparent, inclusive, and democratic in nature. A total of thirteen members will serve on the CoC Board. The CoC Board member selection process will include consideration of geographic balance, representation of homeless subpopulations, and knowledge of the issues pertaining to the Continuum of Care and/or persons experiencing homelessness in the region. Homeless subpopulations to be represented by one or multiple agency(ies) include:

- a) Single individuals
- b) Families with children
- c) Veterans
- d) Persons who are chronically homeless
- e) Persons with HIV/AIDS
- f) Unaccompanied youth
- g) Persons with behavioral health issues
- h) Persons who are victims of domestic violence

The following categories will be represented on the CoC Board:

| Category | Number of Seats (Maximum) |
|---------------------------------------|--------------------------------------|
| Formerly Homeless Representative | 1 |
| ESG Recipient's Agency Representative | 1 |
| Continuum of Care Chair | 1 |
| Policy/Advocacy Representative | 3 |
| CoC Funded Provider Representative | 3 |
| Funder | 2 |
| Community Seat | 2 |

Definition of categories:

Formerly Homeless Representative – An individual who was at one point homeless.

Emergency Solutions Grants (ESG) Program Recipient’s Agency Representative – HUD defines ESG recipients as state governments, metropolitan cities, urban counties, and U.S. territories that receive ESG funds from HUD and make these funds available to eligible sub recipients, which can be either local government agencies or private nonprofit organizations.

Continuum of Care Chair – The MAG Executive Committee appointed Chair of the Continuum of Care.

Policy/Advocacy Representative – Individual(s) who represent a state agency, advocacy or policy-making group, member of the MAG Regional Domestic Violence Council, or other local policy/advocacy group recommended by the Continuum of Care.

CoC-Funded Provider Representative – An agency that operates a Continuum of Care Program funded homeless assistance program.

Funder – A local agency that funds homeless services and housing programs in Maricopa County. This could include a philanthropic funder, a municipality, United Way, or other funder recommended by the Continuum of Care.

Community Seat – Individual(s) who represent the public housing authorities, businesses, faith-based organizations, jails, hospitals, universities, or other community seat as recommended by the Continuum of Care.

CoC Board Member Selection Process

To be determined later.

Continuum of Care Membership (defined by HUD Regulations)

| Category | CoC Board | CoC Committee |
|---|-----------|---------------|
| Nonprofit homeless assistance providers | | |
| Victim service providers | | |
| Faith-based organizations | | |
| Governments | | |
| Businesses | | |
| Advocates | | |
| Public housing agencies | | |
| School districts | | |
| Social service providers | | |
| Mental health agencies | | |
| Hospitals | | |
| Universities | | |
| Affordable housing developers | | |
| Law enforcement | | |

| | | |
|---|--|--|
| Organizations that serve veterans | | |
| Homeless and/or formerly homeless individuals | | |

Responsibilities of the Continuum of Care

The primary responsibilities of the Continuum of Care, under the HEARTH Act, include the following:

| Operations | HMIS | Planning |
|---|---|---|
| <ul style="list-style-type: none"> • Hold meetings • Annual invitation to new members • Adopt and follow a written process • Appoint Committee, Subcommittee and Working Groups as needed • Adopt and follow a Governance Charter • Establish and monitor performance targets and take action on poor performers • Monitor performance and outcomes of ESG and CoC programs and report to HUD • Establish and operate a Coordinated Assessment system • Establish standards for CoC funding, assist with and consult with ESG recipients | <ul style="list-style-type: none"> • Designate HMIS • Review, revise, approve privacy, security, and data quality plans • Ensure participation of recipients and sub-recipients in HMIS • Ensure HMIS is in compliance with HUD regulations | <ul style="list-style-type: none"> • Coordinate and operate housing and services system • Conduct PIT Homeless Count • Gaps of needs and services • Provide information for consolidated plans • Consult with ESG recipients on allocating ESG funding and performance of programs |