DEPARTMENT OF HEALTH SERVICES

HOMELESSNESS SERVICES

Sonoma County Homeless Coalition Board
2027 Nomination Form

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: _____

_____

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

_____

_____

_____

_____

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) BIPOC Led/Serving Organizations**: 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 Age Youth Lived Experience**: Any individual who is 18-30 years of age that is currently experiencing homelessness or who has experienced homelessness within five years (at the time of election) prior to the Board election; elected by Youth Advisory Board (YAB), in the event that YAB is not operational the Lived Experience Advisory Planning Board (LEAP) shall assume responsibility for electing the individual to this seat.

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

Please select which seat the individual is being nominated for:

☐ BIPOC Led Serving Organization ☐ TAY Lived Experience

Nominations and Statement of Interest must be received by 5:00 pm on November 19th, 2026, to Jynessa.Lazzaroni@Sonomacounty.gov

Sonoma County Homeless Coalition Board
2027 Statement of Interest

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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Signature of Candidate: _____ Date: _____