**Nomination for "Super Region" Seat 3 Vacancy on the Governance Board**

Please submit completed form to DCA at BoSMonitoring@dca.ga.gov (due by 10/15/26, 3:00 PM).

| | |
|---|---|
| **Name of Person Being Nominated** | |
| **Organization (if applicable)** | |
| **Job Title (if applicable)** | |
| **E-mail Address** | |
| **Phone Number** | |

Is this person aware they are being nominated? ☐ Yes ☐ No ☐ N/A (self-nomination)

| | |
|---|---|
| Super Region seat that the individual would fill (please see BoS CoC Super Regions Map) | ☐ Region 3<br>***Please note, the seat for Super Region 3 is the only vacancy at this time.** |

Please identify the current role this individual holds in the community:

Is this individual affiliated with a member agency of the Georgia Balance of State Continuum of Care (CoC)?

☐ Yes ☐ No ☐ Unknown

If Yes, this person is a(n):

☐ Employee ☐ Board Member ☐ Volunteer ☐ Contractor ☐ Other _____

Name of Organization (if applicable):

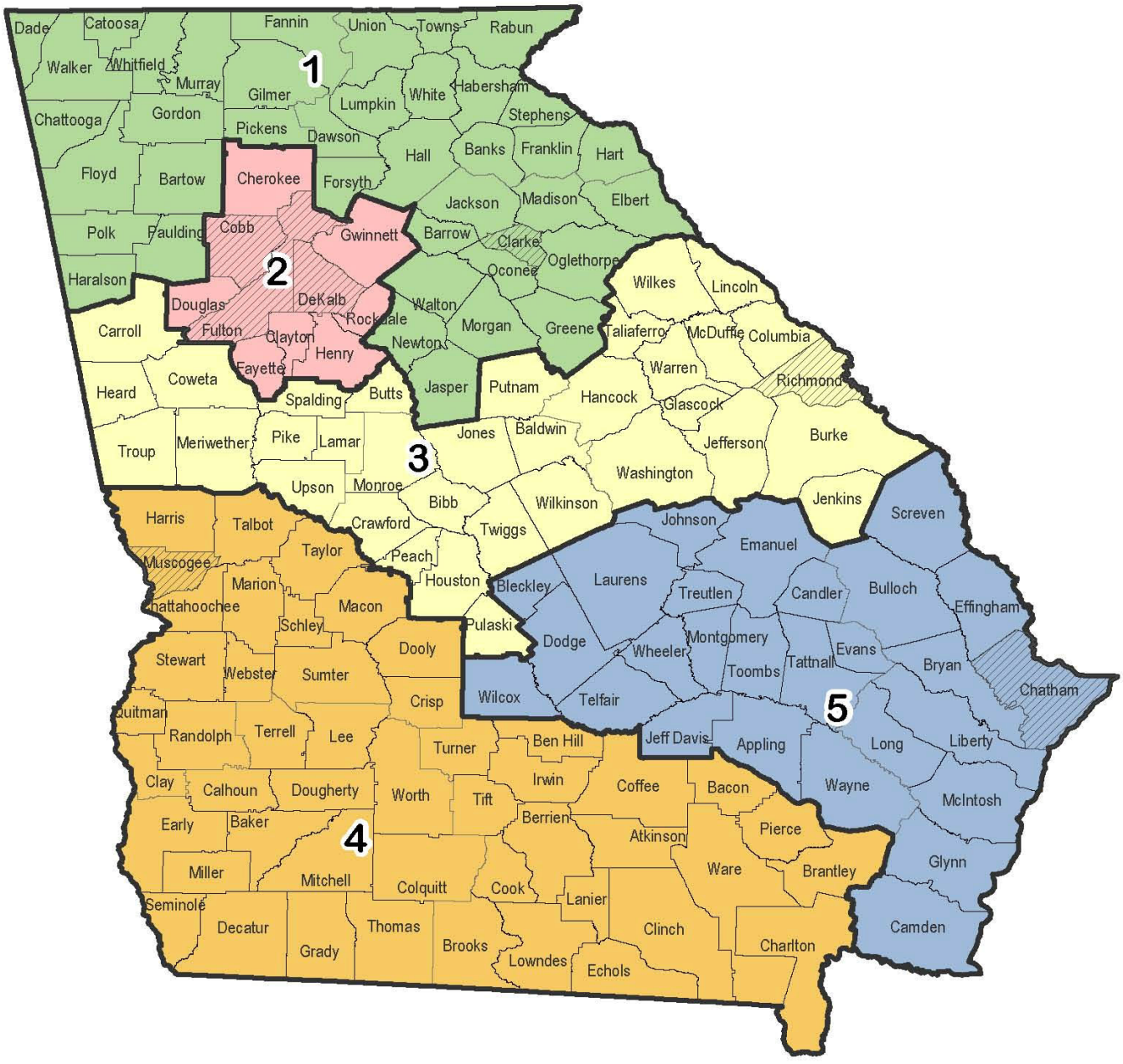
Is this individual able to commit to attending daytime quarterly meetings of the Board? ☐ Yes ☐ No

Board Members must live or work in the geographical area of the Balance of State (BoS) CoC. Please identify how this individual qualifies by listing the counties represented **for Super Region 3**, as well as the actual street address (home or work, whichever is applicable) of the nominee:

Based on the minimal criteria and desired characteristics listed in the attached materials, describe what makes this person uniquely qualified to serve on the BoS CoC Board:

| Briefly describe other experience or expertise (work or volunteer) that qualifies this individual to represent the specific seat identified: | |
|---|---|
| Name of person making nomination | |
| Email Address | |
| Phone | |

# BoS CoC Super Regions




Counties outside of the Balance of State CoC

Map prepared by: Georgia Department of Community Affairs, 2014