

Nomination for “Super Region” Seat on the Governance Board

Please submit completed form to DCA at BoSMonitoring@dca.ga.gov (due by 12/20/24, 5:00 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 1 ☐ Region 2 ☐ Region 3 ☐ Region 4 ☐ Region 5
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):	
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, 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:	

Voluntary Information Requested

Homelessness: The Georgia BoS CoC has a designated seat on the Board for someone with lived experience of homelessness (who is currently or formerly homeless). Nominations that help fulfill this goal are encouraged. You are not required to furnish this information, but are encouraged to do so.

Is this individual homeless/formerly homeless? ☐ Yes ☐ No ☐ Unknown/Prefer not to answer

Statement on Diversity: The Balance of State CoC strives to foster a climate of purposeful diversity of racial and cultural identity, background, nationality, sexual and affectional orientation, gender identity and its expression, religious background and belief, marital status, family structure, age, and educational status mirroring that of the constituents served. It affirmatively prioritizes those persons who by their background are effective voices for constituents served. You are not required to furnish this information but are encouraged to provide any of the below backgrounds for the Nominee that would assist the Balance of State CoC in meeting this goal.

Gender Identity: _____

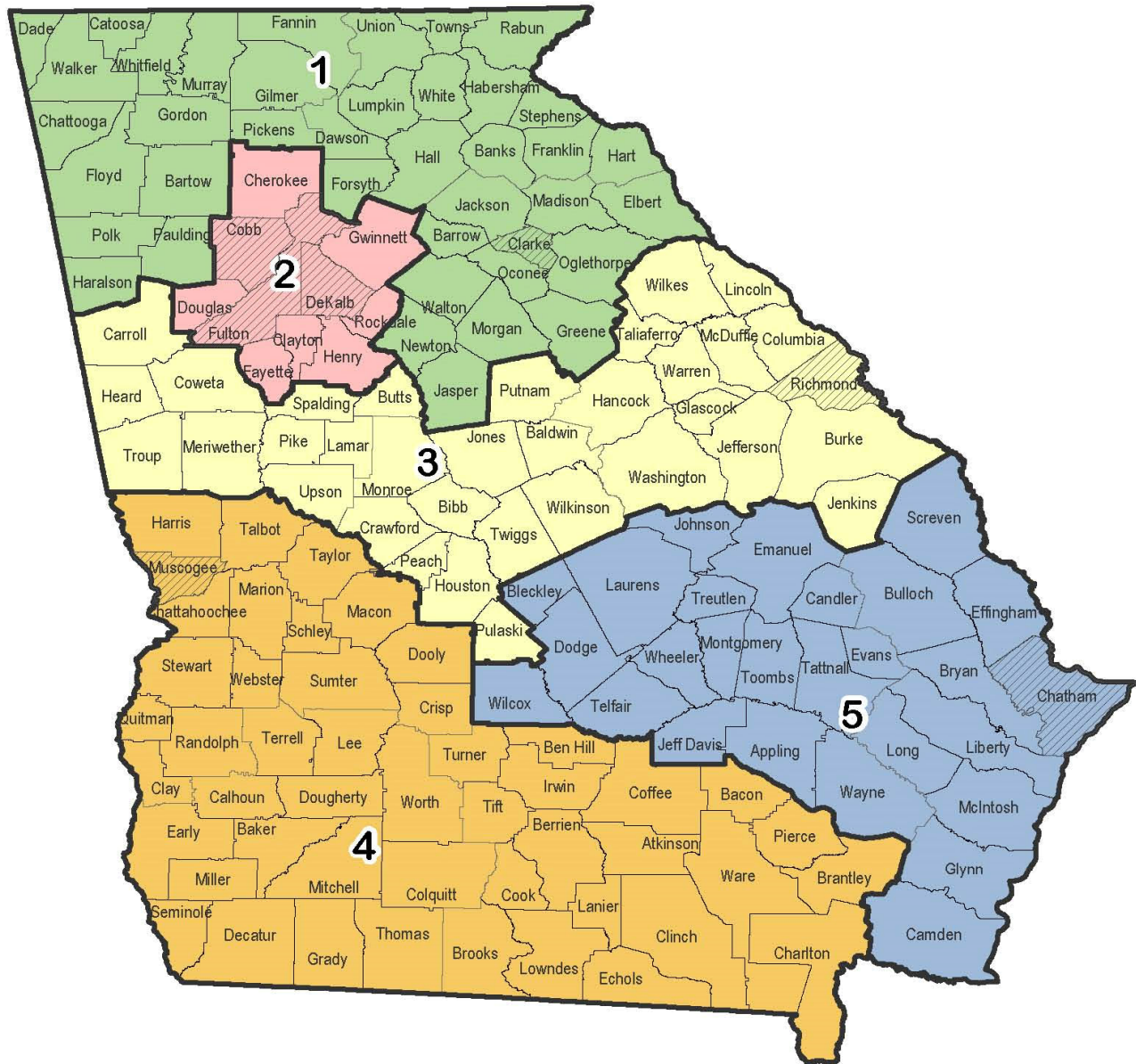
Racial Identity: _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Other: _____

Name of person making nomination	
Email Address	
Phone	

BoS CoC Super Regions



 Counties outside of the Balance of State CoC