The Michigan Balance of State Continuum of Care (MIBOSCOC) Governance Council is the lead decision-making body and board responsible for planning for the use of the US Department of Housing and Urban Development (HUD) HEARTH CoC resources and coordinating these funds with other relevant resources in the jurisdiction.

**Responsibilities:**

* Providing overall direction and leadership of the process
* Making all formal decisions of the CoC
* Strategic planning and goal setting
* Approving the selection of committee members
* Aligning and coordinating MIBOSCOC and other homeless assistance and mainstream resources
* Establishing priorities for and making decisions about the allocation of CoC resources
* Monitoring and evaluating both system wide and individual program performance on established goals
* Receiving reports and recommendations from sub-committees and ad-hoc task groups
* Guiding the annual CoC Consolidated Application (Exhibit 1)
* Ensuring that all necessary activities (e.g. Point in Time count) are being implemented by LPBs.
* Disseminating information to all members
* Reviewing agendas and minutes from meetings​

**Membership of the MIBOSCOC Governance Council consists of:**

* County Representatives (one from each of the 61 counties in the MIBOSCOC geographic area)
* Michigan State Housing and Development Authority (MSHDA) Representative
* Michigan Department of Health and Human Services (MDHHS) Representative
* Michigan Department of Education (MDE) Representative
* Michigan Coalition Against Homelessness (MCAH) Representative
* Tribal Representatives
* Homeless or formerly homeless person(s)

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**Persons nominated for the CoC Governance Council should possess the following characteristics:**

* High level of ethical behavior;
* A working knowledge of homelessness;
* A passion for ending homelessness;
* Familiarity with one or more state or federal funding sources (preferred);
* Capability to work effectively on a team;
* Availability of time to fulfill Governance Council responsibilities;
* Compliance with the CoC Governance Charter and/or applicable policies; and
* Persons nominated for the CoC Governance Council must live, work, or represent the population of the MIBOSCOC geographic area.

Date: Click or tap to enter a date.

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| **MIBOSCOC Governance Council Application** | | | | | |
| Applicant Name: Click or tap here to enter text. | | | | | |
| Name of Agency/Organization (if working for or representing an agency/organization):  Click or tap here to enter text. | | | | | |
| Email: Click or tap here to enter text. | | | | | |
| Telephone: Click or tap here to enter text. | | | | | |
| Mailing Address: Click or tap here to enter text. | | | | | |
|  | | | | | |
| Which County, Tribe, or State held seat will you represent?  Click or tap here to enter text. | | Have you experienced or are you currently experiencing homelessness?  Yes  No | | | |
|  | | | | | |
| *Areas of Experience:* Please indicate in which areas of service you have experience and indicate if this was/is personal or professional experience. | | | | | |
|  | *Personal:* | | | *Professional:* | |
| Veteran Homelessness | Past  Current | | | Past  Current | |
| Youth Homelessness | Past  Current | | | Past  Current | |
| Domestic Violence | Past  Current | | | Past  Current | |
| Family Homeless | Past  Current | | | Past  Current | |
| Coordinated Entry | Past  Current | | | Past  Current | |
| HARA | Past  Current | | | Past  Current | |
| Emergency Shelter | Past  Current | | | Past  Current | |
| Permanent Housing (PSH, RRH) | Past  Current | | | Past  Current | |
| HCV or Project Based Vouchers | Past  Current | | | Past  Current | |
| Public Housing Authority | Past  Current | | | Past  Current | |
| Policy and Advocacy | Past  Current | | | Past  Current | |
| Other: Click or tap here to enter text. | Past  Current | | | Past  Current | |
|  | | | | | |
| The MIBOSCOC is committed to growing a diverse membership to better reflect the populations we serve. Please indicate if you personally identify as part of the demographic areas from which we are seeking to increase representation. This information is voluntary and will not be shared without your express permission. | | | Indigenous or Native American  Black or African American  Latinx or Hispanic  LGBTQIA | | System Involved Youth (eg. Foster Care, Juvenile Justice)  Returning Citizens (persons exiting prison) |
|  | | | | | |
|  | | | | | |
| *MIBOSCOC Committees:* Please indicate which Committees you already serve on as a member or would be interested in joining. | | | | | |
| Coordinated Entry  Shelter  HARA  Funding  Membership and Equity  Performance and Outcomes  Vulnerable Populations:  Domestic Violence  Veterans  Youth | | | | | |
|  | | | | | |
| What is your involvement with your Local Planning Body?  Click or tap here to enter text. | | | | | |
| What do you hope to bring to the Governance Council?  Click or tap here to enter text. | | | | | |
| What do you hope to bring back to your Local Planning Body?  Click or tap here to enter text. | | | | | |

**If representing a county, please complete the following:**

Date selected by Local Planning Body for Representative role: Click or tap to enter a date.

Name and email address of Local Planning Body Chair or Co-Chair: Click or tap here to enter text.

**Submit this document electronically to:**

Katrina Pelfrey, Membership and Nominating Committee Chair – [secretary@miboscoc.com](mailto:christaj@8cap.org)

Jesica Mays, MIBOSCOC Coordinator – [coordinator@miboscoc.com](mailto:coordinator@miboscoc.com)

**Thank you!**