sonomacounty
DEPARTMENT OF HEALTH SERVICES
HOMELESSNESS SERVICES

Sonoma County Homeless Coalition Board
2026 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) At Large Seat**: No Homeless Coalition membership requirements and any one can apply; elected by voting members.
- **One (1) Homeless Advocacy/Homeless Service Provider Seat:** One homeless advocate or representative of a homeless advocacy organization; elected by voting members.
- **One (1) Licensed Healthcare Organization Seat:** A representative from a licensed health care organization; elected by voting members.
- **One (1) Adult Lived Experience Seat**: Adult individual over 25 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 the Lived Experience Advisory Planning Board (LEAP).

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

Please select which seat the individual is being nominated for:

☐ At Large ☐ Adult Lived Experience

☐ Homeless Service Provider ☐ Licensed Health Care Provider

Nominations and Statement of Interest must be received by 5:00 pm on November 20th, 2025, to Jynessa.Lazzaroni@Sonomacounty.gov

Sonoma County Homeless Coalition Board
2026 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: _____