



HOMELESSNESS SERVICES

Sonoma County Homeless Coalition Board

2025 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: _____



sonomacounty
 DEPARTMENT OF HEALTH SERVICES
HOMELESSNESS SERVICES

Signature of Candidate: _____ Date: _____