



Imperial Valley Continuum of Care Council Executive Board Membership Application

The Executive Board acts on behalf of the Imperial Valley Continuum of Care Council (IVCCC) and is representative of the relevant organizations, community members and programs within Imperial County working together to eradicate homelessness. The Executive Board is charged with important responsibilities and authorities on behalf of the community of stakeholders. Representation of a broader array of stakeholders on the Executive Board will enhance the capacity to coordinate and leverage resources from various community sectors throughout Imperial County. To this end, the IVCCC will strategically comprise an Executive Board that represents the array of stakeholders, the diverse geographic sub-regions, and the constituency for whom each seat is designated.

Applicant Information:

Applicant Name: _____ Date: _____

Title/Position (if applicable): _____

Agency/Organization (if applicable): _____

Email: _____ Phone Number: _____

Applicant General Information

1. I am interested in participating in the IVCCC Executive Board as an:

☐ Individual community member

☐ Agency/Organization

2. Do any of the following apply directly to you?

☐ Homeless / Formerly Homeless

☐ LGBTQ+ Community Member

☐ Veteran

☐ Black, Indigenous, People of Color
(BIPOC)

☐ Domestic Violence Survivor

☐ Youth (18-24 years of age)

3. If participating as an organization, please indicate the type of representation (select all that apply).

☐ Nonprofit homeless assistance
provider/public housing agency

☐ Government/law enforcement

☐ Business leader/affordable housing
developer

☐ Victim service provider

☐ Social service provider

☐ Veteran or veteran service
organization

☐ Faith-based organization

☐ School district/university/educational
institution



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| ☐ Mental health and substance use support/hospital/medical institution | ☐ Youth (18-24 years of age) or Youth Representative |
| ☐ Black, indigenous, people of color (BIPOC) representative | ☐ Other – please describe:
_____ |

4. The Mission of the IVCCC is to engage individuals and organizations of Imperial County in a community-based process that works to eradicate homelessness in the region, addresses the underlying causes of homelessness, and lessens the negative impact of homelessness on individuals, families, and the community. How can you or your organization contribute to the IVCCC Executive Board mission and help achieve its goals?

5. A goal of the IVCCC is to eradicate and prevent homelessness by developing systems that will effectively direct individuals and families to needed resources. What experience do you or your organization have connecting individuals and families with the resources and services they need?



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6. Some of those involved in the fight to eradicate and prevent homelessness represent law enforcement, hospitals, educational institutions, non-profits, and faith-based organizations, along with local and state government officials, as well as members of the community. Please share how you or your organization's knowledge and expertise can strengthen the IVCCC Executive Board's collaborative effort.

7. What do you believe are the two most significant challenges in addressing homelessness? How can the IVCCC Executive Board help develop solutions to overcome those challenges?

Thank you for your interest in the IVCCC Executive Board. Please submit this application via e-mail at IVCCCIquiries@co.imperial.ca.us.



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Do Not Mark Below This Line – For Evaluation Committee Only

Criteria	Score (5 = Best)				
	1	2	3	4	5
Does the applicant or organization help the IVCCC Executive Board achieve its Mission?					
Has the applicant or organization identified at least two significant challenges to addressing homelessness and given examples to overcoming those challenges?					
Does the applicant or organization knowledge and expertise strengthen the collaborative effort?					
Does the applicant or organization have experience connecting persons to resources and services?					
Total (20 Points Possible): ____					
Evaluation Committee Decision:	Yes			No	
Executive Board Seat Designation:					
Comments Section:					

Committee Lead Signature: _____

Date: _____