**MUSKEGON COUNTY HOMELESS CONTINUUM OF CARE NETWORK**

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**RE: NOMINATIONS FOR EXECUTIVE COMMITTEE MEMBER**

December 8, 2017

Dear MCHCCN members,

As the New Year is right around the corner, we are seeking nominations for Executive Committee members. Members may nominate themselves or another member. Terms for elected seats on the Executive Committee shall be for two years, staggered so that half are elected each year. **There are currently 5 positions open.** The responsibilities of Executive Committee members include:

1. The Executive Committee is responsible for ensuring that the nine major HUD defined responsibilities in Section 2 are carried out. In addition, the Executive Committee is authorized by the Network to serve as its primary decision-making entity for matters not otherwise delegated to the Network Membership in the Governance Charter.
2. The Executive Committee is responsible for the appointment of the Network Coordinator. The term of the appointment, as well as responsibilities of the Coordinator, will be determined by the Executive Committee.
3. HMIS Lead – The Executive Committee shall designate a legal entity to serve as the Homeless Management Information System (HMIS) Lead. The HMIS Lead will maintain the community’s HMIS in compliance with HUD standards and coordinate all related activities including training, maintenance and the provision of technical assistance to contributing organizations. Responsibilities required by the Continuum of Care Interim Rule are outlined in this Governance Charter, the MOU executed between the Network and the HMIS Lead, and the HMIS policies adopted by the Network and HMIS Lead. Designated responsibilities include developing an HMIS privacy plan, security plan, and data quality plan.

The Executive Committee members will be elected at the annual meeting on January 11, 2018. Please submit your nominations to Tressa Crosby ([crosbytk@mercyhealth.com](mailto:crosbytk@mercyhealth.com)) via email by December 21, 2017, including the following information:

**Nominee's Name**

**Agency or Organization (if applicable)**

**Email Address**

**Phone Number**

**This nomination is for the role of:**

**\_\_\_\_Executive Committee Member \_\_\_\_\_ Chair of the Membership Committee**

Sincerely,

Muskegon County Homeless Continuum of Care Nominating Committee