**MUSKEGON COUNTY HOMELESS CONTINUUM OF CARE NETWORK**

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**RE: NOMINATIONS FOR CHAIR OF MEMBERSHIP COMMITTEE**

December 8, 2017

Dear MCHCCN Member:

As we approach the annual meeting of the Muskegon County Homeless Continuum of Care Network in January, we are seeking nominations for the position of Chairperson of the Membership Committee (formerly Strategy and Planning Committee). This position is for a term of one year. You may nominate yourself or anyone on the Muskegon County Homeless Continuum of Care Network.

The responsibilities of the Chairperson are as follows:

1. Preside over Membership Committee meetings as the lead for the Network
2. Set the agenda in collaboration with Network membership and Committees for the Network Membership meetings
3. Communicate with Chairs of Network Committees, non-member agencies and individuals as needed to promote the mission and needs of the Network and its membership
4. Negotiate and promote essential Memorandums of Understanding to further the mission and needs of the Network
5. Establish and maintain an organizational structure to implement policies and procedures of the Network
6. Ensure the coordination of the Network’s essential plans including the yearly Continuum of Care Plan, grants and all other endeavors to raise funds for the mission and needs of the Network and its membership
7. Serve as the advisor to the community’s Multi-Purpose Collaborative Body

The Chairperson will be elected at the annual meeting on January 11, 2018. Immediately following the election, the newly elected Chairperson’s first order of business will be to lead the annual meeting – with the support of the Network Coordinator – including the election of members to the Executive Committee, and approval of the Coordinated Entry Policies and Procedures.

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 Committe